

## Montana Healthcare Programs Drug Prior Authorization Coverage Criteria

Doptelet™ (avatrombopag)

## **Review Criteria**

Member must meet all the following criteria:

- Member must be at least 18 years of age
- Member must have a diagnosis of chronic liver disease with thrombocytopenia
- Provider must indicate when the member's scheduled procedure is

## Limitations:

- Max daily dose is based on platelet count:
  - <40 equals 3 tablets per day for a total of 5 days of therapy</p>
  - 40 to <50 equals 2 tablets per day for a total of 5 days of therapy</li>