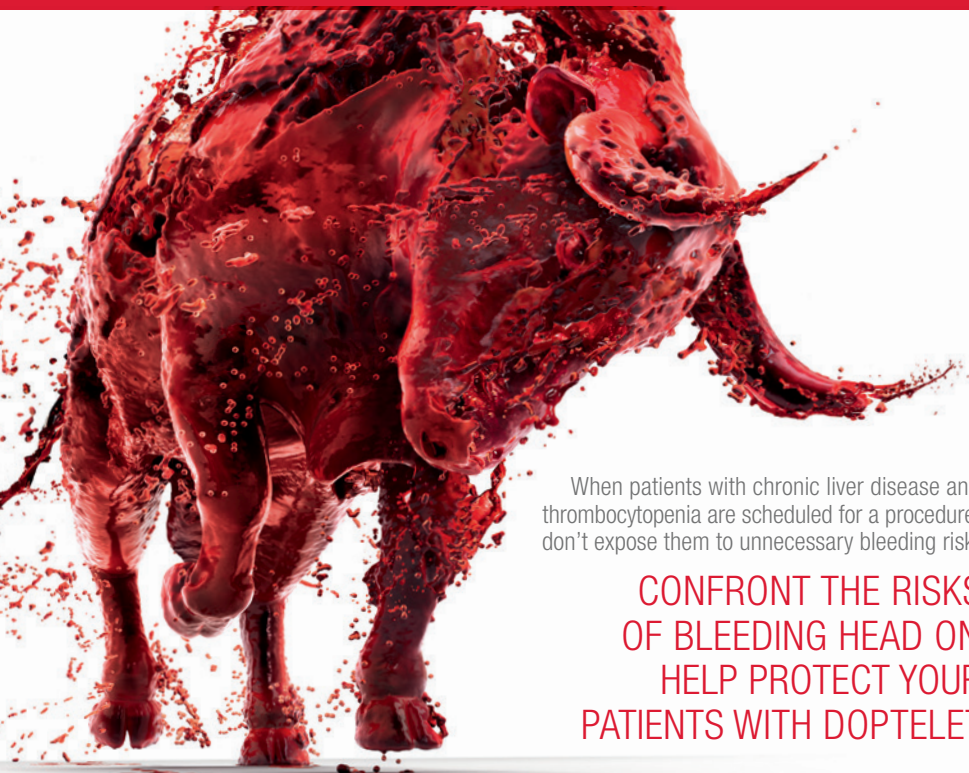


DOPTLET® AND SCHEDULING GUIDE

DOPTLET® (avatrombopag) is indicated for the treatment of thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo a procedure.



When patients with chronic liver disease and thrombocytopenia are scheduled for a procedure, don't expose them to unnecessary bleeding risk.

**CONFRONT THE RISKS
OF BLEEDING HEAD ON.
HELP PROTECT YOUR
PATIENTS WITH DOPTLET.**

DOPTLET significantly reduced the need for platelet transfusions or rescue procedures for bleeding for up to 7 days post procedure.^{1*}

*From randomization of DOPTLET 40 mg or DOPTLET 60 mg once daily for 5 days up to 7 days after a procedure, compared to placebo ($P < .001$; $N = 435$).

SELECTED IMPORTANT SAFETY INFORMATION

Warnings and Precautions

DOPTLET is a thrombopoietin (TPO) receptor agonist and TPO receptor agonists have been associated with thrombotic and thromboembolic complications in patients with chronic liver disease. Portal vein thrombosis has been reported in patients with chronic liver disease treated with TPO receptor agonists. In the ADAPT-1 and ADAPT-2 clinical trials, there was 1 treatment-emergent event of portal vein thrombosis in a patient ($n = 1/430$) with chronic liver disease and thrombocytopenia treated with DOPTLET. Consider the potential increased thrombotic risk when administering DOPTLET to patients with known risk factors for thromboembolism, including genetic prothrombotic conditions (Factor V Leiden, Prothrombin 20210A, Antithrombin deficiency or Protein C or S deficiency).

DOPTLET should not be administered to patients with chronic liver disease in an attempt to normalize platelet counts.

Doptelet
(avatrombopag) tablets

Please see Selected Important Safety Information on back cover and accompanying Full Prescribing Information for DOPTLET (avatrombopag), also available at DOPTLET.com.

For the treatment of thrombocytopenia in adult patients with chronic liver disease before a scheduled procedure

Right Dose to Target the Right Response¹

Two dosing options
based on your patient's baseline platelet count







- For High-Baseline Platelet Count
40,000 to <50,000/ μ L
- 40 mg (2 tablets)
once daily with food



- For Low-Baseline Platelet Count
<40,000/ μ L
- 60 mg (3 tablets)
once daily with food

Please see Selected Important Safety Information on back cover and accompanying Full Prescribing Information for DOPELET (avatrombopag), also available at DOPELET.com.

Patients should start DOPTELET 10 to 13 days prior to a scheduled procedure

DAYS 1-5	TAKE DOPTELET ONCE DAILY FOR 5 DAYS WITH FOOD	 + 	1x DAILY WITH FOOD
DAYS 6-9	WAIT 4 DAYS FOR PLATELET COUNT TO RISE		WAITING PERIOD
DAYS 10-13	4-DAY PROCEDURE WINDOW		PROCEDURE WINDOW

- **In the case of a missed dose**, patients should take the next dose of DOPTELET as soon as they remember
- Patients should not take 2 days of dosing at one time to make up for a missed dose and should take the next dose at the usual time the next day
- All 5 days of dosing should be completed
- **Monitoring:** Obtain a platelet count prior to administration of DOPTELET therapy and on the day of a procedure to ensure an adequate increase in platelet count

Get Patients Started on DOPELET With Support From Dova 1Source

Dova 1Source is the single point of contact to access DOPELET, providing patients with the resources they need, including a network of specialty pharmacies and financial support programs.



1-833-DOVA-ONE
(1-833-368-2663)

Learn more at Dova1Source.com

INDICATION

DOPELET (avatrombopag) is indicated for the treatment of thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo a procedure.

SELECTED IMPORTANT SAFETY INFORMATION

Warnings and Precautions

DOPELET is a thrombopoietin (TPO) receptor agonist and TPO receptor agonists have been associated with thrombotic and thromboembolic complications in patients with chronic liver disease. Portal vein thrombosis has been reported in patients with chronic liver disease treated with TPO receptor agonists. In the ADAPT-1 and ADAPT-2 clinical trials, there was 1 treatment-emergent event of portal vein thrombosis in a patient (n=1/430) with chronic liver disease and thrombocytopenia treated with DOPELET. Consider the potential increased thrombotic risk when administering DOPELET to patients with known risk factors for thromboembolism, including genetic prothrombotic conditions (Factor V Leiden, Prothrombin 20210A, Antithrombin deficiency or Protein C or S deficiency).

DOPELET should not be administered to patients with chronic liver disease in an attempt to normalize platelet counts.

Contraindications: None

Adverse Reactions

The most common adverse reactions ($\geq 3\%$) were: pyrexia, abdominal pain, nausea, headache, fatigue, and edema peripheral.

To report suspected adverse reactions, contact Dova Pharmaceuticals at 1-844-506-DOVA (3682) or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see accompanying Full Prescribing Information for DOPELET (avatrombopag), also available at DOPELET.com.

REFERENCE: 1. DOPELET [package insert]. Durham, NC: Dova Pharmaceuticals, Inc; 2018.

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Dopelet.
(avatrombopag) tablets