

**For adults with thrombocytopenia in chronic immune thrombocytopenia (cITP)
who have had an insufficient response to a previous treatment.**

DISCUSSING cITP PATIENT PREFERENCES

**A resource to start a conversation with your patients about
the impact of cITP and their treatment preferences.**



INDICATION

DOPELET is indicated for the treatment of thrombocytopenia in adult patients with chronic immune thrombocytopenia who have had an insufficient response to a previous treatment.

IMPORTANT SAFETY INFORMATION




WARNINGS AND PRECAUTIONS

Thrombotic/Thromboembolic Complications. DOPELET is a thrombopoietin (TPO) receptor agonist and TPO receptor agonists have been associated with thrombotic complications in patients with chronic liver disease (0.4%; (1/274) in DOPELET-treated patients) and thromboembolic complications in patients with chronic immune thrombocytopenia (7%; (9/128) in DOPELET-treated patients). Portal vein thrombosis has been reported in patients with chronic liver disease, and thromboembolic events (arterial and venous) have been reported in patients with chronic immune thrombocytopenia treated with TPO receptor agonists.

Please see [Full Important Safety Information](#) throughout and [Full Prescribing Information](#) for DOPELET.

Understanding Patients' Preferences Can Lead to a Better Treatment Fit

TPO-RA CHARACTERISTICS TO CONSIDER¹⁻³

	 Oral administration	 No food-type restrictions	 Single dosage strength
Doptelet	✓	✓	✓
Promacta	✓	✗	✗
Nplate	✗	✓	✗

Dosing comparisons do not imply comparable efficacy or safety.

IMPORTANT SAFETY INFORMATION

Thrombotic/Thromboembolic Complications (continued)

Consider the potential increased thrombotic risk when administering DOPTelet to patients with known risk factors for thromboembolism, including genetic prothrombotic conditions.

DOPTelet should not be administered to patients with chronic liver disease or chronic immune thrombocytopenia in an attempt to normalize platelet counts. Monitor platelet counts, and for signs and symptoms of thromboembolic events and institute treatment promptly.

Get the Treatment Conversation Started

Keep these questions top of mind when discussing treatment options with your cITP patients.

1. TREATMENT GOALS

- What is your most important treatment goal?
- Why does that goal matter to you?
- What is your experience with current or previous treatments?
- How do you feel about your current treatment?

2. PATIENT PREFERENCES

- Do you feel set up for success on your current treatment?
- Would you prefer a pill or getting an injection for administration?
- Would you be willing to plan your meals around your treatment?

3. SOCIOECONOMIC FACTORS

- Have you missed or skipped any doses of your treatments in the last few months? If so, why?
- Have you missed work because of your doctor appointments?
- Do you have reliable transportation to travel to your appointments?
- Are you having trouble affording your treatments?

LEARN MORE

Learn about reimbursement support, including information on patient healthcare coverage options and financial assistance.

IMPORTANT SAFETY INFORMATION

Serious Adverse Reactions

Serious adverse reaction that occurred more frequently in patients treated with DOPTelet (9%; 12/128) compared to placebo (5%; 1/22) was headache, occurring in 1.6% (2/128).

Adverse Reactions

The most common adverse reactions ($\geq 10\%$) in patients with chronic immune thrombocytopenia were headache, fatigue, contusion, epistaxis, upper respiratory tract infection, arthralgia, gingival bleeding, petechiae, and nasopharyngitis.

Postmarketing Experience

Following the approval of DOPTelet, hypersensitivity reactions involving the immune system, including, but not limited to, pruritus, rash, choking sensation, swollen face, and swollen tongue have been reported.

Please see [Full Important Safety Information](#) throughout and [Full Prescribing Information](#) for DOPTelet.

Find the Lift That Fits Your Patients' Preferences

Doptelet
(avatrombopag) tablets

Rapid and durable response in the 6-month core study¹:

50k

Raise and maintain

With Doptelet, patients achieved platelet goals of 50,000/ μ L (primary endpoint).*

12.4
WEEKS

Keep platelet counts lifted

Patients on Doptelet reached target platelet counts of 50,000/ μ L for a median of 12.4 cumulative weeks (primary endpoint).*

8
DAYS

Lift platelet counts quickly

In as few as 8 days, 66% of Doptelet patients reached 50,000/ μ L (secondary endpoint).

Patients treated with Doptelet in clinical trials had a mean baseline platelet count of $14.1 \times 10^9/L$ and a mean platelet count of $62.7 \times 10^9/L$ at Week 26.⁴

*After initiating therapy with Doptelet, assess platelet counts weekly until a stable platelet count of $\geq 50 \times 10^9/L$ has been achieved, and then obtain platelet counts monthly thereafter.¹

Study design:

Core Study: Efficacy was evaluated in a 6-month, multicenter, randomized, double-blind, placebo-controlled Phase 3 study. Patients had previously received one or more prior chronic ITP therapies and had average screening and baseline platelet counts of $< 30 \times 10^9/L$. Forty-nine patients were randomized (2:1) to receive either Doptelet (n=32) or placebo (n=17).¹

- The **primary efficacy endpoint** was the cumulative number of weeks of platelet response, defined as a platelet count $\geq 50 \times 10^9/L$ in the absence of rescue therapy, over 6 months of once-daily treatment in adults with chronic ITP. Doptelet-treated patients had a median duration of 12.4 cumulative weeks vs 0 weeks for placebo¹
- A **secondary efficacy endpoint** was the proportion of patients with a platelet response (platelet counts $\geq 50 \times 10^9/L$) at Day 8. 66% (n=21/32) of Doptelet-treated patients had platelet counts of $\geq 50,000/\mu L$ at Day 8 compared to placebo (n=0/17)¹

COULD DOPTELET BE RIGHT FOR YOUR PATIENTS?

Start the conversation today

www.doptelethcp.com



IMPORTANT SAFETY INFORMATION

These are not all the possible risks associated with DOPTELET.

Please see [Full Prescribing Information](#) for DOPTELET.

To report suspected adverse reactions, contact Sobi North America at 1-866-773-5274 or FDA at 1-800-FDA-1088.

For WAC pricing, visit doptelethcp.com/wac-pricing.

References: **1.** DOPTELET (avatrombopag) [prescribing information]. Durham, NC: AkaRx, Inc; 2021. **2.** Nplate (romiplostim) [prescribing information]. Thousand Oaks, CA: Amgen; 2022. **3.** Promacta (eltrombopag) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corp; 2021. **4.** Data on file. Summary of local platelet count. 2014: Sobi, Inc.



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