Join Us for An Educational Lecture

"Effective Clinical Management of Adult Patients With Chronic Immune Thrombocytopenia (ITP) Who Have Had an Insufficient Response to a Previous Treatment"

Guest Speaker

Steven Fein, MD, MPH
HEME ONC CALL, LLC
Miami, FL

Thursday,November 17, 2022 6:30 EST
Maggianos
3368 Peachtree Road
Atlanta, GA, 30326

Please RSVP by 11/14/22 by visiting rsvp.dopteletbureau.com and enter program number 638

For any questions, please call or email your Sobi representative, Stephanie Hicks , at stephanie.hicks@sobi.com or 404-307-4240 or the program coordinator at: info@dopteletbureau.com / 866-671-8598

NOTE: The inclusion of a Healthcare Professional's spouse or guest at an educational program is not permitted.
NOTE: In accordance with pharma guidelines, alcohol will not be served or made available at this program.

INDICATION
DOPTELET (avatrombopag) 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
DOPTELET is a thrombopoietin (TPO) receptor agonist and TPO receptor agonists have been associated with thrombotic and thromboembolic complications in patients with chronic liver disease or chronic immune thrombocytopenia. 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. In clinical trials, 0.4% (1/274) of patients with chronic liver disease treated with DOPTELET developed a treatment-emergent event of portal vein thrombosis. In clinical trials in patients with chronic immune thrombocytopenia, 7% (9/128) of patients treated with DOPTELET developed a thromboembolic event.
Consider the potential increased thrombotic risk when administering DOPTELET 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). 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 follow the dosing guidelines to achieve target platelet counts. Monitor patients receiving DOPTELET for signs and symptoms of thromboembolic events and institute treatment promptly.
Contraindications: None
Drug Interactions: Dose adjustments are recommended for patients with chronic immune thrombocytopenia taking moderate or strong dual CYP2C9 and CYP3A4 inducers or inhibitors.
Adverse Reactions: The most common adverse reactions (≥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 Prescribing Information for DOPTELET (avatrombopag) at www.doptelet.com
For WAC pricing, visit **https://doptelethcp.com/wac-pricing**