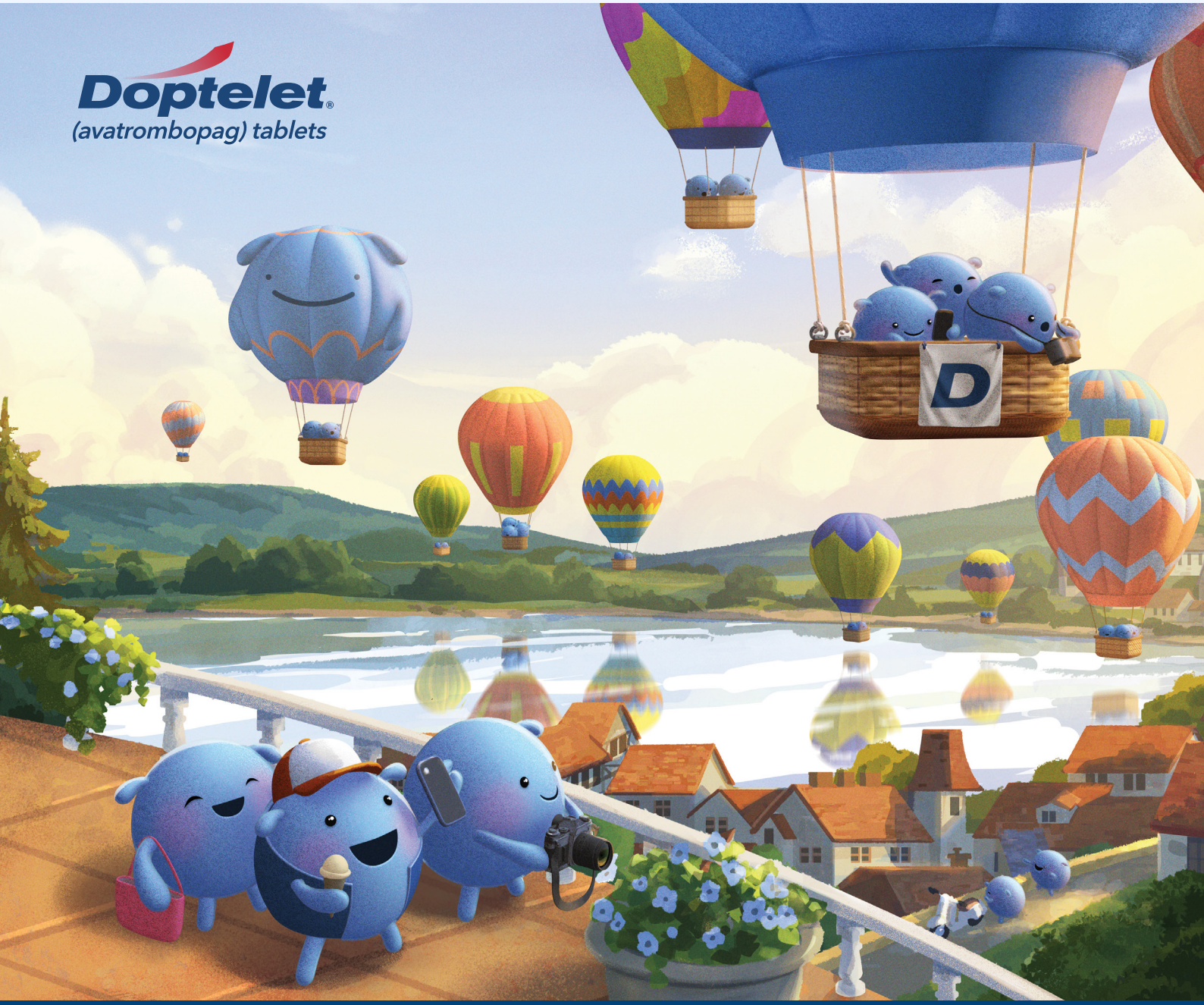
Click here to access the prescribing information

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Swedish Orphan Biovitrum Ltd at medical.info.uk@sobi.com or Telephone +44 (0) 800 111 4754



Discussing patient preferences in adults with primary chronic ITP

Initiating conversations with your patients about living with ITP and their treatment preferences

This material is intended for UK healthcare professionals.

Doptelet is indicated for the treatment of primary chronic immune thrombocytopenia (ITP) in adult patients who are refractory to other treatments (e.g. corticosteroids, immunoglobulins).[1]

Treatment should be initiated by and remain under the supervision of a physician who is experienced in the treatment of haematological diseases.[1]

ITP, immune thrombocytopenia.

A KEY PART OF PROVIDING PERSONALISED CARE IS SHARED DECISION-MAKING[2–4]

By asking a few simple questions, you can prompt your patients to express their preferences and reach a decision about their care based on what matters to them[2]

Keep these questions in mind when discussing treatment options with your ITP patients.

Living with ITP

- Do you find it difficult to carry out everyday tasks like cooking, getting dressed or carrying out household chores?
- Are you able to spend time with, or care for, family and friends in the way you want to? If not, what is holding you back?
- Can you still take part in the activities you enjoy? If not, what makes this difficult?

Managing ITP effectively

- Are you satisfied with the way your treatment is administered?
- Do you have a method to remember taking your medication? Does that ever cause you problems?
- How easy is it for you to fit your current treatment schedule into your daily routine?

Treatment goals

- What are you hoping that your treatment will change for you? Why does that goal matter to you?
- If we can achieve that goal, how will that change your daily life?
- What has been your experience with your current treatment?

UNDERSTANDING YOUR PATIENTS' PREFERENCES CAN LEAD TO A TREATMENT ALIGNED WITH THEIR NEEDS[5]

Benefits for patients

- Better understanding of treatment options[5]
- Increase in treatment adherence[5,6]
- Improvement in confidence and coping skills[5]

Benefits for clinicians

- Improvement in health behaviours from patients[5]
- Increased staff morale[6]
- Greater patient satisfaction[6]

ITP, immune thrombocytopenia.

Shared decision-making ensures patient preferences are considered when making treatment decisions[5–7]

In the TRAPeze study, among 32 adult patients in the UK and Ireland who had been treated with eltrombopag or romiplostim (the only TPO-RAs available at the time of the study), method of administration and food interactions were the strongest drivers of patient preference*[7]

7× more likely to choose oral treatment vs injection[7]

4× more likely to choose oral treatment with no food-type restrictions vs those with restrictions[7]

When speaking to your patients, consider which Doptelet characteristics best fit their lives[1–4,8]

- Oral administration[1]
- Taken with any food[1]
- 20 mg** Single tablet strength[1]
- No liver function monitoring required as standard[1]

Doptelet should be taken with food[1]

Give your patients a platelet lift with Doptelet[9]

Can help patients get to the ≥50 × 10^9/L target within 8 days, and keep them there for months[9]

In the Phase 3 study of adults with primary chronic ITP (N=49):[9]

65.6% of Doptelet patients (n=21/32) achieved the ≥50 × 10^9/L target by day 8 (secondary endpoint)†[9]

12.4 weeks median number of weeks Doptelet patients (n=32) were at or above the platelet target, without rescue therapy, during the 26-week study period (primary endpoint)‡[9]

Doptelet was well tolerated with exposure-adjusted AEs generally comparable to placebo¶[9]

Any TEAE per patient-week		Any SAE per patient-week	
4.3%	**6.6%**	**1.2%**	**0.7%**
Doptelet (n=32)	placebo (n=17)	Doptelet (n=32)	placebo (n=17)

Mean duration of exposure: Doptelet 22.8 weeks vs placebo 8.9 weeks[9]

Please refer to the SmPC for the full list of adverse reactions

AE, adverse event; HCP, healthcare professional; ITP, immune thrombocytopenia; SAE, serious adverse event; TEAE, treatment-emergent adverse event; TPO-RA, thrombopoietin receptor agonist; TRAPeze, Thrombopoietin-Receptor Agonist Patient experience survey.
*The TRAPeze study is an observational study on treatment preferences and disease burden in adults with primary chronic ITP across Europe.[7] **The recommended starting dose is 20 mg once daily with food. Start patients taking moderate or strong dual inhibitors of CYP2C9 and CYP3A4/5 with 20 mg 3 times a week; start patients taking moderate or strong dual inducers of CYP2C9 and CYP3A4/5 with 40 mg once daily.[1] Please see Full Summary of Product Characteristics for additional information on dosing.[1]
†Vs 0.0% with placebo (n=0/17; p<0.0001).[9] ‡Vs 0.0 weeks with placebo (n=17; p<0.0001).[9] ¶Exposure-adjusted incidence rate = number of events/total patient-weeks exposure × 100%.[9]

Doptelet®
(avatrombopag) tablets

Click here to visit the Doptelet HCP portal where you can access further information and resources

References

1. Doptelet UK Summary of Product Characteristics. Available at: *https://www.medicines.org.uk/emc/product/11837* (Accessed: March 2025).
2. National Institute for Health and Care Excellence. Shared decision making. Guideline NG197. Available at: *https://www.nice.org.uk/guidance/ng197* (Accessed: March 2025).
3. Neunert C, et al. *Blood Adv*. 2019;3(23):3829–3866.
4. Provan D, et al. *Blood Adv*. 2019;3(22):3780–3817.
5. The Kings Fund. Making shared decision-making a reality: No decision about me, without me. Available at: *https://assets.kingsfund.org.uk/f/256914/x/73b4098901/making_shared_decisions_making_reality_july_2011.pdf* (Accessed: March 2025).
6. The Health Foundation. Person-centred care made simple. Available at: *https://www.health.org.uk/sites/default/files/PersonCentredCareMadeSimple_0.pdf* (Accessed: March 2025).
7. McDonald V, et al. *Hematology*. 2021;26(1):799–808.
8. Song A and Al-Samkari H. Expert *Review of Clin Immun*. 2022;18(8):783–791.
9. Jurczak W, et al. *Br J Haematol*. 2018;183(3):479–490.

Job code: PP-27057 **Date of Preparation:** March 2025

sobi