





DOSING GUIDE

ADULTS WITH PRIMARY CHRONIC IMMUNE THROMBOCYTOPENIA

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.

This material is intended for UK healthcare professionals.

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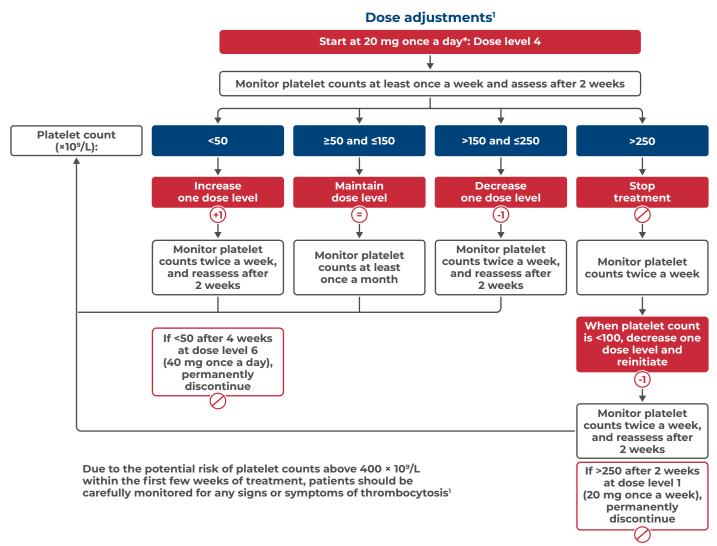
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FLEXIBLE TITRATION, USING THE LOWEST DOSE TO ACHIEVE A STABLE PLATELET COUNT¹

Start patients with a dosage strength of 20 mg once daily* and adjust as needed, based on your patient's platelet count1

- Doptelet should be taken with food at the same time of day (e.g. in the morning or evening)
- · Doptelet can be taken with any food¹

Please refer to SmPC for full dosing and monitoring information¹



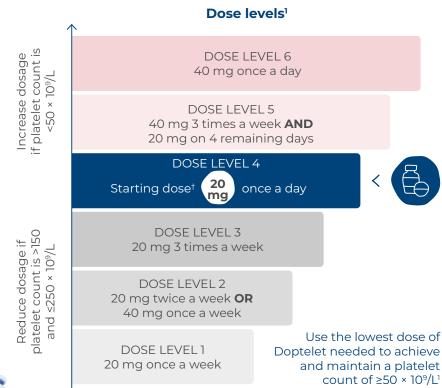
^{*}The recommended starting dose is 40 mg once daily in patients receiving moderate or strong dual inducers of CYP2C9 and CYP3A4/5, or of CYP2C9 alone (e.g., rifampicin, enzalutamide), and 20 mg 3 times a week in patients receiving moderate or strong dual inhibitors of CYP2C9 and CYP3A4/5, or of CYP2C9 alone (e.g., fluconazole).

SIMPLE DOSING WITH ONE TABLET STRENGTH¹

Doptelet should be taken in a consistent manner from week to week when dosing is less frequent than once a day¹

- Dose Level 3: Three non-consecutive days a week, e.g. Monday, Wednesday and Friday
- Dose Level 2: Two non-consecutive days a week, e.g. Monday and Friday
- Dose Level 1: The same day each week, e.g. Monday

If a patient misses a dose, they should take the missed dose of Doptelet as soon as they remember. Patients should not take two doses at one time to make up for a missed dose. The next dose should be taken as per the current regimen¹





References

1. Doptelet UK Summary of Product Characteristics. Available at: https://www.medicines.org.uk/emc/product/11837. (Accessed: March 2025).

*Initial dose regimen for all patients except those taking moderate or strong dual inducers or moderate or strong dual inhibitors of CYP2C9 and CYP3A4/5, or of CYP2C9 alone. This has been simplified; for more details refer to the SmPC.