

[Click here to access the prescribing information](#)

Adverse events should be reported. Reporting forms and information can be found at www.hpra.ie.
Adverse events should also be reported to Swedish Orphan Biovitrum Ltd at medical.info.uk@sobi.com
or Telephone +44 (0) 800 111 4754.

Doptelet[®]
(avatrombopag) tablets



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 healthcare professionals in the Republic of Ireland.

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-MAKING²⁻⁴

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 them²

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 NEEDS⁵



Benefits for patients

- Better understanding of treatment options⁵
- Increase in treatment adherence^{5,6}
- Improvement in confidence and coping skills⁵



Benefits for clinicians

- Improvement in health behaviours from patients⁵
- Increased staff morale⁶
- Greater patient satisfaction⁶

SHARED DECISION-MAKING ENSURES PATIENT PREFERENCES ARE CONSIDERED WHEN MAKING TREATMENT DECISIONS⁵⁻⁷

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 injection⁷



4×

more likely to choose oral treatment with no food-type restrictions vs those with restrictions⁷

When speaking to your patients, consider which Doptelet characteristics best fit their lives^{1-4,8}



Oral administration¹



Taken with any food¹



Single tablet strength¹



No liver function monitoring required as standard¹

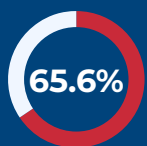
Doptelet should be taken with food¹

GIVE YOUR PATIENTS A PLATELET LIFT WITH DOPTELET⁹



Can help patients get to the $\geq 50 \times 10^9/L$ target within 8 days, and keep them there for months⁹

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



of Doptelet patients (n=21/32) achieved the $\geq 50 \times 10^9/L$ target by day 8 (secondary endpoint)^{†9}



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

4.3%

Doptelet (n=32)

6.6%

placebo (n=17)

Any SAE per patient-week

1.2%

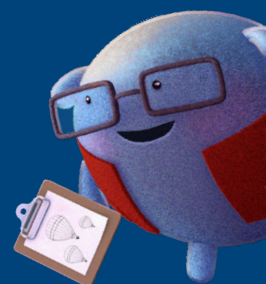
Doptelet (n=32)

0.7%

placebo (n=17)

Mean duration of exposure: Doptelet 22.8 weeks vs placebo 8.9 weeks⁹

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 ⁹Exposure-adjusted incidence rate = number of events/total patient-weeks exposure × 100%.⁹



[Click here](#) to visit the Doptelet HCP portal where you can access further information and resources

REFERENCES

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