On behalf of Dova, Jolie Williams (310-993-9221, jolie.williams@dova.com), cordially invites you to attend:

Applying Clinical Evidence to Practice: DOPTELET® (avatrombopag) for Adult Patients with Chronic Immune Thrombocytopenia (ITP) Who Have Had an Insufficient Response to a Previous Treatment

04/29/2021
Program begins: 05:30 PM PST

RSVP by 04/26/2021 to:
Email:
jolie.williams@dova.com
Phone: 310-339-9221

Venue or Web Link:

https://w2ogroup.zoom.us/meeting/register/tJUtce2orDsrG9OkilaDsOtJl1BZEUCURtlV

The inclusion of a Healthcare Professional's spouse or guest at an educational program is not permitted.

Attendance at the same program is limited to two (2) times in a calendar year.



Presented by

Zahra Pakbaz, MD
LOS ANGELES, CA

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 immune thrombocytopenia. Thromboembolic events (arterial and venous) have been reported in patients with chronic immune thrombocytopenia treated with TPO receptor agonists. In clinical trials, 7% (9/128) of patients with chronic immune thrombocytopenia 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 immune thrombocytopenia in an attempt to normalize platelet counts. Follow the dosing guidelines to achieve target platelet counts.

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%) were headache, fatigue, contusion, epistaxis, upper respiratory tract infection, arthralgia, gingival bleeding, petechiae and nasopharyngitis.

For Full Prescribing Information visit DOPTELET.com
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