Doptelet®
(avatrombopag) tablets

VA PATIENT ENROLLMENT FORM

Fax: 412-420-6251
Phone: 855-985-0390

Please sign and fax the completed form to PANTHERx Specialty Pharmacy (DUNS # 078411876).
Asterisk indicates required field or section.

1. VA Patient Information

First name*_____ DOB* *(MM/DD/YYYY)* _____

Last name*_____ Gender* ❑ M ❑ F

Address*_____ City*_____ State*_____ ZIP*_____

E-mail _____ Phone* _____ Preferred contact: ❑ E-mail ❑ Phone ❑ OK to leave message

❑ **Check here for delivery directly to patient's shipping address listed above. If information is incomplete, the prescription will be shipped to the VA pharmacy listed below.**

2. VA Pharmacy Information

VA Name*_____

Address*_____ City*_____ State*_____ ZIP*_____

Primary Contact*_____ Phone*_____ Fax*_____

Purchase Order #* _____

3. Prescriber Information

First name*_____ Last name*_____

Address*_____ City*_____ State*_____ ZIP*_____

Phone*_____ Ext. _____ Fax _____

Primary contact: Name *(Clinic/facility name/office)* _____

NPI*_____ E-mail _____ Preferred contact: ❑ E-mail ❑ Phone ❑ Fax

4. Prescription Information*

Prescription for DOPTELET® (avatrombopag) 20 mg tablets

SELECT ONE OPTION

❑ **40 mg:** 5 Day Supply (10 Tablets) — **NDC # 71369-0020-10** — Take 2 tablets by mouth daily for 5 days
❑ **60 mg:** 5 Day Supply (15 Tablets) — **NDC # 71369-0020-15** — Take 3 tablets by mouth daily for 5 days

Prescription type: ❑ New ❑ Restart
❑ NKDA ❑ Drug/food allergies: _____

DOPTELET is taken for 5 days and should be initiated 10 to 13 days prior to scheduled procedure date
Patient's 1st dosing date for DOPTELET *(MM/DD/YYYY)* _____

Prescribers signature *(no stamps)*

SELECT ONE OPTION

X _____
❑ **Dispense as Written** Date *(MM/DD/YYYY)*

OR

X _____
❑ **Substitution Permissible** Date *(MM/DD/YYYY)*

5. Patient's DOPTELET-Supported Procedure

Procedure type or CPT _____ Patient procedure date* *(MM/DD/YYYY)* _____

Treating physician: Name _____ Phone _____

For Full Prescribing Information, visit doptelet.com

Dova PHARMACEUTICALS