

Tavalisse (fostamatinib)

Coverage Criteria:

Reserved for patients needing treatment for thrombocytopenia meeting the following criteria:

1. Age \geq 18 years of age with chronic ($>$ 6 months) immune induced thrombocytopenia (ITP); and
2. Platelet count $<$ 50,000/mm³ with documented bleeding symptoms present OR a medical necessity for platelet elevation (i.e., upcoming surgery, peptic ulcer disease)
3. ALT, AST $<$ 3 times the upper limit of normal **AND** total bilirubin $<$ 2 times the upper limit of normal; and
4. Failed prior therapy with at least one of these therapies:
 - a. Corticosteroid therapy
 - b. Immunoglobulin therapy
 - c. Splenectomy
5. Dose does not exceed 150 mg twice daily

Prescriber Restriction:

Must be prescribed by or in consultation with a Hematologist

Coverage Duration:

Initial authorizations will be for 3 months.
Re-authorization will be provided for 12 months.

Other Criteria:

Prescribed within the FDA approved dosing regimen.

Renewal Criteria:

Laboratory documentation of platelet count \geq 50,000/mm³ after 12 weeks of therapy.
Annual renewal: Laboratory confirmation that platelet count is between 50,000/mm³ and 200,000/mm³