

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

## Tavalisse (fostamatinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Tavalisse (fostamatinib)	May be subject to quantity limit

### APPROVAL CRITERIA

Requests for Tavalisse (fostamatinib) may be approved if the following criteria are met:

- I. Individual is 18 years of age or older; **AND**
- II. Individual is diagnosed with chronic immune thrombocytopenia; **AND**
- III. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and insufficient response to **one** of the following:
  - A. Corticosteroids; **OR**
  - B. Immunoglobulins (for example IVIg, anti-D); **OR**
  - C. Splenectomy;

#### **AND**

- IV. Individual has a platelet count of less than 50 X 10<sup>9</sup>/L.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

### Key References:

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New Program Date 06/25/2018

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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13. Tavalisse [Package Insert]. South San Francisco, CA. Rigel Pharmaceuticals; 2018. Available at [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2018/209299lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/209299lbl.pdf). Accessed on: March 21, 2019.

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