<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>Tavalisse (fostamatinib disodium hexahydrate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BILLING CODE</td>
<td>Must use valid NDC code</td>
</tr>
<tr>
<td>BENEFIT TYPE</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>SITE OF SERVICE ALLOWED</td>
<td>Home</td>
</tr>
<tr>
<td>COVERAGE REQUIREMENTS</td>
<td>Prior Authorization Required (Non-Preferred Product)</td>
</tr>
<tr>
<td></td>
<td>Alternative preferred product includes eltrombopag</td>
</tr>
<tr>
<td></td>
<td>QUANTITY LIMIT—60 tabs per 30 days</td>
</tr>
</tbody>
</table>

Tavalisse (fostamatinib disodium hexahydrate) is a non-preferred product and will only be considered for coverage under the pharmacy benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

### CHRONIC IMMUNE THROMBOCYTOPENIA (ITP)

For **initial** authorization:
1. Member is 18 years of age or older with diagnosis of chronic ITP for at least 3 months; AND
2. Medication must be prescribed by or in consultation with a hematologist; AND
3. Member had an inadequate response, intolerance, or contraindication to documented prior therapy with ONE of the following treatments:
   a) Corticosteroids (prednisone, prednisolone, methylprednisolone, and dexamethasone);
   b) Immunoglobulins;
   c) Splenectomy; AND
4. Member has tried and failed treatment with eltrombopag or romiplostim (Nplate); AND
5. Member's platelet count is < 35,000/µL or there is documentation that the member has experienced significant bleeding at a higher platelet count; AND
6. Member does not have ANY of the following:
   a) Clinical diagnosis of autoimmune hemolytic anemia;
   b) Uncontrolled or poorly controlled hypertension;
   c) History of coagulopathy including prothrombotic conditions.
7. **Dosage allowed:** Initiate Tavalisse at 100 mg orally twice daily with or without food. After 4 weeks, increase to 150 mg twice daily, if needed, to achieve platelet counts of at least 50 x 10⁹/L as necessary to reduce the risk of bleeding.

**Note:** Discontinue Tavalisse after 12 weeks of treatment if the platelet count does not increase to a level sufficient to avoid clinically important bleeding.

**If member meets all the requirements listed above, the medication will be approved for 6 months.**

For **reauthorization**:
1. Member's platelet count of at least 50 x 10⁹/L was achieved and documented in chart notes; AND
2. Monthly CBCs (including platelet counts), monthly liver function tests (e.g., ALT, AST, and bilirubin), and monthly blood pressure measurements submitted with chart notes; AND
3. Chart notes have been provided that show the member has shown improvement of signs and symptoms of disease.

*If member meets all the reauthorization requirements above, the medication will be approved for an additional 6 months.*

CareSource considers Tavalisse (fostamatinib disodium hexahydrate) not medically necessary for the treatment of the following disease states based on a lack of robust clinical controlled trials showing superior efficacy compared to currently available treatments:

- Thrombocytopenia due to Myelodysplastic syndrome (MDS)

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION/DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/31/2018</td>
<td>New policy for Tavalisse created.</td>
</tr>
</tbody>
</table>

References:

Effective date: 09/14/2018
Revised date: 08/31/2018