

**Tavalisse (fostamatinib)**  
**Effective 06/01/2026**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Medical Benefit</b>	Phone: 833-895-2611	Fax: 888-656-6671
	<b>Pharmacy Benefit</b>	Phone: 800-711-4555	Fax: 844-403-1029
<b>Exceptions</b>	N/A		

### Overview

Tavalisse (fostamatinib) is a kinase inhibitor indicated for the treatment of thrombocytopenia in adult patients with chronic immune thrombocytopenia (IPT) who have had an insufficient response to previous treatment.

### Coverage Guidelines

If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

#### OR

Authorization may be granted when all of the following criteria are met:

1. Diagnosis of chronic immune thrombocytopenia (ITP)
2. Member is at 18 years of age or older
3. ONE of the following:
  - a. Platelet count < 30,000 cells/mcL
  - b. Medical necessity for platelet elevation (upcoming surgery, peptic ulcer disease or condition that may predispose member to bleeding)
4. ONE of the following:
  - a. Trial and failure or intolerance with corticosteroids or immunoglobulins
  - b. Member has not responded to a splenectomy
5. Member has had an inadequate response to maximal dose of BOTH of the following:
  - a. Eltrombopag
  - b. Doptelet (avatrombopag)

### Continuation of Therapy

Requests for reauthorization may be approved with all of the following criteria are met:

1. Submission of medical records (e.g., chart notes) documenting an improvement in the platelet count.

### Limitations

1. Initial approvals will be granted for 6 months.
2. Reauthorizations will be granted for 12 months.

3. The following quantity limits apply:

Drug Name and Dosage Form	Quantity Limit
Tavalisse 100mg and 150mg	60 tablets per 30 days

### References

1. Tavalisse (fostamatinib) [prescribing information]. South San Francisco, CA: Rigel Pharmaceuticals, Inc; November 2022.
2. Bussel J, Arnold DM, Grossbard E, et al. Fostamatinib for the treatment of adult persistent and chronic immune thrombocytopenia: results of two phase 3, randomized, placebo-controlled trials [published online April 26, 2018]. *Am J Hematol*. [PubMed 29696684]10.1002/ajh.25125
3. Nugent D, McMillan R, Nichol JL, Slichter SJ. Pathogenesis of chronic immune thrombocytopenia: increased platelet destruction and/or decreased platelet production. *Br J Haematol* 2009; 146:585
4. Rodeghiero F. A critical appraisal of the evidence for the role of splenectomy in adults and children with ITP. *Br J Haematol* 2018; 181:183
5. Balitsky AK, Kelton JG, Arnold DM. Managing antithrombotic therapy in immune thrombocytopenia: development of the TH2 risk assessment score. *Blood* 2018; 132:2684
6. Wong RSM, Saleh MN, Khelif A, et al. Safety and efficacy of long-term treatment of chronic/persistent ITP with eltrombopag: final results of the EXTEND study. *Blood* 2017; 130:2527
7. Newland A, Lee EJ, McDonald V, Bussel JB. Fostamatinib for persistent/chronic adult immune thrombocytopenia. *Immunotherapy* 2018; 10:9.
8. Guidry JA, George JN, Vesely SK, et al. Corticosteroid side-effects and risk for bleeding in immune thrombocytopenic purpura: patient and hematologist perspectives. *Eur J Haematol* 2009; 83:175

### Review History

04/17/2019 – Reviewed

05/20/2020 – Reviewed and Updated May P&T; references and overview updated; QL added to criteria; added started and stabilized statement. Effective 8/1/20.

09/21/2022 – Reviewed and updated; Added requirement of previous use of Doptelet. Effective 1/1/2023.

03/11/2026 – Reviewed and updated at March P&T. Administrative update to language for members who are new to the plan. Updated “documentation” to “submission of medical records (e.g., chart notes)” in the reauthorization criteria. Effective 06/01/2026.

