

**Tavalisse (fostamatinib)**  
Effective 08/01/19

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	This medication has been designated a specialty medication and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
Exchange	Phone: 855-582-2022	Fax: 855-245-2134	
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

### Overview

Tavalisse (fostamatinib) is a small molecule prodrug of a tyrosine kinase inhibitor that inhibits the spleen tyrosine kinase (Syk). The major metabolite of fostamatinib, R406, is active in Syk inhibition. R406 is thought to increase the platelet count in patients with ITP.

### Coverage Guidelines

Authorization may be granted when the following criteria are met:

1. Member is diagnosed with chronic immune thrombocytopenia (ITP)
2. Member is at least 18 years of age
3. Member has had an inadequate response or intolerance with corticosteroids and immunoglobulins or has not responded to a splenectomy
4. Member has had an inadequate response to maximally dosed Promacta (eltrombopag)
5. Member's platelet count is < 30,000 microL to 50,000 microL
6. Member is experiencing significant symptomatic bleeding (e.g., mucous membrane, gastrointestinal)

### Continuation of Therapy

Reauthorizations may be granted when clinical documentation is submitted showing improvement in the platelet count.

### Limitations

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

### References



1. Tavalisse (fostamatinib) [prescribing information]. South San Francisco, CA: Rigel Pharmaceuticals, Inc; April 2018.
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. Promacta (eltrombopag) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals; November 2018. Iclusig (ponatinib) [prescribing information]. Cambridge, MA: Ariad Pharmaceuticals Inc; October 2018
5. Vesely SK, Perdue JJ, Rizvi MA, et al. Management of adult patients with persistent idiopathic thrombocytopenic purpura following splenectomy: a systematic review. *Ann Intern Med* 2004; 140:112
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**

04/17/19 – Reviewed

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