

**TAVALISSE**  
**(fostamatinib disodium hexahydrate)****Pre - PA Allowance**

None

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**Prior-Approval Requirements****Age** 18 years of age or older**Diagnosis**

Patient must have the following:

Chronic immune thrombocytopenia (ITP)

**AND ALL** of the following:

1. Inadequate response to at least **ONE** of the following therapies
  - a. Corticosteroids
  - b. Immunoglobulins
  - c. Splenectomy
  - d. Thrombopoietin receptor agonists
2. Baseline platelet count prior to initiation must be less than 50,000/  
mcL ( $50 \times 10^9/L$ )
3. Prescriber agrees to monitor liver enzymes (including ALT, AST and bilirubin) and CBC monthly until a stable dose is achieved
4. **NO** dual therapy with thrombopoietin receptor agonists

**Prior - Approval Limits****Quantity**

Strength	Quantity
100 mg	240 tablets per 120 days
150 mg	

**Duration** 4 months

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**Prior – Approval *Renewal* Requirements****Age** 18 years of age and older**Diagnosis**

Patient must have the following:

**TAVALISSE**  
**(fostamatinib disodium hexahydrate)**

Chronic immune thrombocytopenia (ITP)

**AND ALL** of the following:

1. Improvement in platelet count to 50,000/ mcL ( $50 \times 10^9/L$ ) or greater
2. Prescriber agrees to routinely monitor CBC, and liver enzymes, and blood pressure throughout therapy
3. **NO** dual therapy with thrombopoietin receptor agonists

**Prior - Approval *Renewal* Limits****Quantity**

<b>Strength</b>	<b>Quantity</b>
100 mg	180 tablets per 90 days
150 mg	

**Duration** 12 months