



**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**

Strength	Quantity
100 mg	180 tablets per 90 days
150 mg	

**Duration**     12 months