UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Tavalisse

Program	Prior Authorization
Medication	Tavalisse (fostamatinib)
Markets in Scope	California, Colorado, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Pennsylvania- CHIP, Rhode Island, South Carolina
Issue Date	8/2018
Pharmacy and Therapeutics Approval Date	9/2020
Effective Date	11/2020

1. Background:

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

2. Coverage Criteria:

A. <u>Chronic immune thrombocytopenia (ITP)</u>

1. <u>Initial Authorization</u>

a. **Tavalisse** will be approved based on both of the following:

(1) Diagnosis of chronic immune thrombocytopenia (ITP)

-AND-

(2) **<u>One</u>** of the following:

(a) **<u>Both</u>** of the following:

i. History of failure, contraindication, or intolerance to at least one of the following:

- Corticosteroids
- Immunoglobulins

-AND-

ii. History of failure, contraindication, or intolerance to Promacta (eltrombopag)

-OR-

(b) Patient is currently on Tavalisse therapy

Authorization will be issued for 12 months.

2. <u>Reauthorization</u>

a. **Tavalisse** will be approved based on the following criterion:

(1) Documentation of positive clinical response to Tavalisse therapy

Authorization will be issued for 12 months.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place**.**

4. References:

1. Tavalisse [package insert]. South San Francisco, CA: Rigel Pharmaceuticals; April 2018.

Program	Prior Authorization –Tavalisse (fostamatinib)
Change Control	
Date	Change
8/2018	New Program
10/2018	Revised criteria to require trial of standard therapy and Promacta.
8/2019	Annual review. Specified disease is chronic in the diagnosis of thrombocytopenia. Removed splenectomy from the criteria to align with Doptelet program.
9/2020	Annual review. Added Additional Clinical Rules section.