

<b>Policy Name:</b>	<b>Tavalisse (fostamatinib)</b>	<b>Policy #:</b>	<b>2671P</b>
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### Purpose of the Policy

The purpose of this policy is to define coverage criteria for Tavalisse (fostamatinib) for the treatment of chronic immune (idiopathic) thrombocytopenia (ITP).

### Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Tavalisse (fostamatinib) under the Specialty Pharmacy benefit if the following criteria are met.

### Criteria

#### 1. Coverage Criteria

- 1.1 Diagnosis of chronic immune (idiopathic) thrombocytopenia (ITP)
- 1.2 Insufficient response or contraindications to the standard of care for ITP (corticosteroids, immunoglobulins, OR splenectomy)
- 1.3 Prescribed by or in consultation with a hematologist (doctor of blood disorders)
- 1.4 Age 18 years or older

#### 2. Exclusion Criteria

- 2.1 Coverage excluded if intent is to solely normalize platelet counts

#### 3. Approval Period

- 3.1 Initial: 12 months
- 3.2 Reauthorization: 12 months with documented clinical benefit

### CPT Codes

### HCPCS Codes

### References

1. Tavalisse (fostamatinib) [prescribing information]. South San Francisco, CA: Rigel Pharmaceuticals, Inc; November 2020.
2. Neunert C, Terrell DR, Arnold DM, et al. American Society of Hematology 2019 guidelines for immune thrombocytopenia. *Blood Adv.* 2019 Dec 10;3(23):3829-3866.
3. 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. *Am J Hematol.* 2018.

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#### DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.