

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Tavalisse (fostamatinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Tavalisse (fostamatinib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Tavalisse (fostamatinib) may be approved if the following criteria are met:

- I. Individual is 18 years of age or older; **AND**
- II. Individual is diagnosed with chronic immune thrombocytopenia; **AND**
- III. Individual has a platelet count of less than 50 X 10⁹/L; **AND**
- IV. Individual has had an insufficient response to a previous treatment.

Notes: Previous treatments include, but not limited to, corticosteroids, rituximab, immune globulin (IVIG), anti-Rh(D) immunoglobulin, immunosuppressants, danazol, or chemotherapy.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website.
<http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Updated periodically.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.