Criteria-Based Consultation Prescribing Program
CRITERIA FOR DRUG COVERAGE
Fostamatinib (Tavalisse)

Notes:
- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Non-formulary **fostamatinib (Tavalisse)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of chronic immune thrombocytopenia (ITP)
- Prescribed by Hematologist
- Patient is at least 18 years of age
- Patient has failed an adequate trial of steroids, IVIG, rituximab, TPO-RA (e.g., romiplostim or eltrombopag) or patient has an allergy or intolerance* to these agents.

Criteria for *current Kaiser Permanente members* already taking the medication who have not been reviewed previously: Non-formulary **fostamatinib (Tavalisse)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of chronic immune thrombocytopenia (ITP)
- Prescribed by Hematologist
- Patient is at least 18 years of age
- Patient has failed an adequate trial of steroids, IVIG, rituximab, TPO-RA (e.g., romiplostim or eltrombopag) or patient has an allergy or intolerance* to these agents.

Criteria for *new members* entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **fostamatinib (Tavalisse)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of chronic immune thrombocytopenia (ITP)
- Prescribed by Hematologist
- Patient is at least 18 years of age
- Patient has failed an adequate trial of steroids, IVIG, rituximab, TPO-RA (e.g., romiplostim or eltrombopag) or patient has an allergy or intolerance* to these agents.