

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2018 P 3116-1
Program	Step Therapy
Medication	Tavalisse™ (fostamatinib)
P&T Approval Date	10/2018
Effective Date	2/1/2019; Oxford only: 2/1/2019

**1. Background:**

Step therapy programs are utilized to encourage use of lower cost alternatives for certain therapeutic classes. This program requires members to use guideline recommended first-line therapies or have a splenectomy and try Promacta before providing coverage for Tavalisse.<sup>3</sup>

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.<sup>1</sup>

Promacta (eltrombopag) is a thrombopoietin receptor agonist indicated for the treatment of thrombocytopenia in adult and pediatric patients 1 year and older with ITP who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy.<sup>2</sup>

Members currently on Tavalisse therapy as documented in claims history will be allowed to continue on their current therapy. Members new to therapy will be required to meet the coverage criteria below.

**2. Coverage Criteria<sup>a</sup>:**

**A. Chronic immune thrombocytopenia (ITP)**

1. **Tavalisse** will be approved based on the following criteria:

a. **One** of the following:

(1) **Both** of the following:

(a) **One** of the following:

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

**-OR-**

ii. Patient has had a splenectomy

**-AND-**

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

**-OR-**

(2) Patient is currently on Tavalisse therapy

**Authorization will be issued for 12 months**

**B. Other Diagnoses**

1. **Tavalisse** will be approved.

**Authorization will be issued for 12 months**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

**3. Additional Clinical Rules:**

- Supply limits and/or Notification may be in place.

**4. References:**

1. Tavalisse [package insert]. South San Francisco, CA: Rigel Pharmaceuticals; April 2018.
2. Promacta [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; July 2018.
3. Neunert et al. The American Society of Hematology 2011 evidence-based practice guideline for immune thrombocytopenia. Blood. 2011; 117 (16): 4190-4207.

Program	Step Therapy – Tavalisse (fostamatinib)
<b>Change Control</b>	
10/2018	New program