

POLICY NAME	Tavalisse (fostamatinib)	POLICY #	2671P
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Criteria

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

Exclusion Criteria – Any of the following prevents coverage

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