INSTRUCTIONS FOR USE  
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer’s particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer’s benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer’s benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Medical Necessity Criteria  
Fostamatinib (Tavalisse™) is considered medically necessary when ALL of the following criteria are met:  
- 18 years of age and older  
- Diagnosis of chronic immune (idiopathic) thrombocytopenia (ITP)  
- Platelet count less than 30,000 cells/mm³, OR platelet count less than 50,000 cells/mm³ AND clinical condition increases the risk for bleeding  
- Inadequate response to, or not a candidate for, an initial treatment option (for example: corticosteroids, rituximab, splenectomy)

Initial authorization is up to 3 months.

Fostamatinib is considered medically necessary for continued use when BOTH of the following criteria are met:  
- Documentation of beneficial clinical response as evidenced by increased platelet counts  
- Individual remains at risk for bleeding complications

Reauthorization for up to 1 year.

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.
Fostamatinib is not covered for any other use because it is considered experimental, investigational or unproven.

Note: Receipt of sample product does not satisfy any criteria requirements for coverage.

### FDA Approved Indications

#### FDA Approved Indication

Tavalisse is indicated for the treatment of thrombocytopenia in adult patients with chronic immune thrombocytopenia (ITP) who have had an insufficient response to a previous treatment.

### Recommended Dosing

#### FDA Recommended Dosing

**“Refer to the prescribing information (product label) for complete dosing information. The following is from the “Highlights of Prescribing Information” section of the product label.”**

- Initiate Tavalisse at 100 mg orally twice daily with or without food. After 4 weeks, increase to 150 mg twice daily, if needed, to achieve platelet counts of at least 50 × 10⁹/L as necessary to reduce the risk of bleeding.
- Manage adverse reactions using dose reduction, interruption of treatment, or discontinuation.
- Discontinue Tavalisse after 12 weeks of treatment if the platelet count does not increase to a level sufficient to avoid clinically important bleeding.

### Drug Availability

Tavalisse is supplied as 100 mg and 150 mg tablets available in bottles of 60.

### Background

#### Overview

Tavalisse, a tyrosine kinase inhibitor with demonstrated activity against spleen tyrosine kinase, is indicated for the treatment of thrombocytopenia in adult individuals with chronic immune thrombocytopenia (ITP) who have had an insufficient response to a previous treatment. The safety and efficacy of Tavalisse have not been established in pediatric individuals. Use of Tavalisse is not recommended for individuals < 18 years of age because adverse events on actively growing bones were observed in nonclinical studies. (Tavalisse, 2018)

#### Professional Societies/Organizations

The objective of all immune thrombocytopenia (ITP) treatment plans is to attain a platelet count for acceptable hemostasis, rather than a platelet count that’s “normal”. (Neunert et al, 2019) The choice to start ITP treatment should be dependent on the individual’s severity of bleeding and bleeding risk. (Neunert et al, 2019) The international consensus report indicates treatment is infrequently needed in individuals with platelet counts more than 50 x 10⁹/L. (Provan et al, 2010)

For treating thrombocytopenia in individuals with newly diagnosed chronic immune thrombocytopenia (ITP), ASH recommends corticosteroids (in favor of a short course regimen over prolonged courses [>6 weeks including treatment and taper]) as first-line therapy. For the treatment of adults who do not respond or relapse following initial corticosteroids therapy, several strategies are employed. Splenectomy is recommended for individuals who have failed corticosteroids. For individuals at risk of bleeding who relapse following splenectomy or who have a contraindication to splenectomy and have failed at least one other therapy, thrombopoietin receptor agonists (TPO-RA) can be given. Also, TPO-RAs may be considered for individuals at risk of bleeding who have failed one line of therapy, such as corticosteroids, and who have not undergone splenectomy. Rituximab may be an alternative for individuals at risk of bleeding who have failed one line of therapy (for example, corticosteroids). No
further treatment is recommended in asymptomatic individuals after splenectomy who have achieved platelet counts > 30 x 10^9/L. (Neunert et al, 2019)

The treatment guidelines acknowledge fostamatinib has primarily been studied in a third-line setting; its' role as a second-line agent has not been established. (Neunert et al, 2019)

**American Board of Internal Medicine’s (ABIM) Foundation Choosing Wisely® Initiative:**
In a Choosing Wisely statement, American Society of Hematology (ASH) does not recommend treating ITP in the absence of a very low platelet count or bleeding. (Choosing Wisely, 2014)

**Centers for Medicare & Medicaid Services - National Coverage Determinations (NCDs):**
There are no CMS National Coverage Determinations for fostamatinib.

**Off label uses:**
The American Hospital Formulary Service currently supports no off-label uses of fostamatinib. (AHFS, 2019)

**References**

5. Tavalisse (fostamatinib) [product information]. South San Francisco, CA: Rigel Pharmaceuticals, Inc; April 2018.