

PHARMACY POLICY STATEMENT

Indiana Medicaid

DRUG NAME	Tavalisse (fostamatinib disodium hexahydrate)
BENEFIT TYPE STATUS	Pharmacy

Note: Discontinue Tavalisse after 12 weeks of treatment if the platelet count does not increase to a level sufficient to avoid clinically important bleeding.

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:

1. Member's platelet count was achieved and documented in chart notes. 10

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Tavalisse (fostamatinib disodium hexahydrate) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
08/31/2018	New policy for Tavalisse created.
02/02/2023	



Effective date: 08/01/2023
Revised date: 02/02/2023