STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

FUTIBATINIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
FUTIBATINIB	LYTGOBI	48369		GPI-10 (2153222800)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of unresectable, locally advanced or metastatic intrahepatic cholangiocarcinoma (iCCA) and meet **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - The patient has been previously treated for unresectable, locally advanced or metastatic iCCA
   - The patient has fibroblast growth factor receptor 2 (FGFR2) gene fusions or other rearrangements
   - The patient will complete a comprehensive ophthalmological examination, including optical coherence tomography (OCT), prior to the initiation of Lytgobi and at the recommended scheduled intervals

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #5 per day.**
   If no, do not approve.
   DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **FUTIBATINIB (Lytgobi)** requires the following rule(s) be met for approval:
   A. You have unresectable, locally advanced or metastatic intrahepatic cholangiocarcinoma (iCCA) (a type of bile duct cancer inside the liver that is unable to be removed by surgery, has spread from where it started to nearby tissue/lymph nodes or to other parts of the body)
   B. You are 18 years of age or older
   C. You have been previously treated for unresectable, locally advanced or metastatic iCCA
   D. You have fibroblast growth factor receptor 2 (FGFR2: a type of protein) gene fusions or other rearrangements
   E. You will complete a comprehensive ophthalmological examination (eye exam), including optical coherence tomography (OCT: a type of eye imaging test), before starting Lytgobi and at the recommended scheduled times

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Lytgobi.

REFERENCES

- Lytgobi [Prescribing Information]. Princeton, NJ: Taiho Pharmaceutical Co., Ltd., September 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective:11/14/22
Created: 11/22
Client Approval: 11/22
P&T Approval: 10/22