**STANDARD COMMERCIAL DRUG FORMULARY**
**PRIOR AUTHORIZATION GUIDELINES**

**INFIGRATINIB**

| Generic | Brand | HICL | GCN | Medi-Span | Exception/Other |
|---|---|---|---|---|---|
| INFIGRATINIB PHOSPHATE | TRUSELTIQ | 47404 | | GPI-10 (2153223540) | |

## GUIDELINES FOR USE

1. Does the patient have a diagnosis of unresectable locally advanced or metastatic cholangiocarcinoma 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 cholangiocarcinoma
   - The patient has a fibroblast growth factor receptor 2 (FGFR2) fusion or other rearrangement, as detected by an FDA-approved test
   - The patient will complete a comprehensive ophthalmological examination, including optical coherence tomography (OCT), prior to initiation of therapy and at the recommended scheduled intervals

   If yes, **approve the requested dose pack for 12 months by GPID or GPI-14 with the following quantity limits:**
   - **50mg: #42 per 28 days.**
   - **75mg: #63 per 28 days.**
   - **100mg: #21 per 28 days.**
   - **125mg: #42 per 28 days.**

   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 **INFIGRATINIB (Truseltiq)** requires the following rule(s) be met for approval:
   A. You have unresectable locally advanced or metastatic cholangiocarcinoma (bile duct cancer that has grown outside the organ but has not yet spread to other parts of the body and cannot be removed by surgery, or bile duct cancer that has spread to other parts of the body)
   B. You are 18 years of age or older
   C. You have previously been treated for unresectable locally advanced or metastatic cholangiocarcinoma
   D. You have a fibroblast growth factor receptor 2 (FGFR2: type of protein) fusion or other rearrangement, as detected by a Food and Drug Administration (FDA)-approved test
   E. You will complete a comprehensive ophthalmological examination (eye exam), including optical coherence tomography (OCT: a type of eye imaging test), before starting the medication and at the recommended scheduled times
   ***(Denial text continued on next page)***

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## INFIGRATINIB

### GUIDELINES FOR USE (CONTINUED)

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.

### RATIONALE

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

### REFERENCES


- Truseltiq [Prescribing Information]. Brisbane, CA: QED Therapeutics, Inc.; May 2021.


| Library | Commercial | NSA |
|---|---|---|
| Yes | Yes | No |

Part D Effective: N/A
Commercial Effective: 01/01/23
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