



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

GILTERITINIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
GILTERITINIB FUMARATE	XOSPATA	45506		GPI-10 (2153302020)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of relapsed or refractory acute myeloid leukemia (AML) and meet **ALL** of the following criteria?

- The patient is 18 years of age or older
- The patient has FMS-like tyrosine kinase 3 (FLT3) mutation as detected by an FDA-approved test

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #3 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 **GILTERITINIB (Xospata)** requires the following rule(s) be met for approval:

- A. You have relapsed or refractory acute myeloid leukemia (AML: type of white blood cell cancer)
- B. You are 18 years of age or older
- C. You have FMS-like tyrosine kinase 3 (type of gene) mutation (change in the DNA gene) as detected by a Food and Drug Administration-approved test

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 Xospata.

REFERENCES

- Xospata [Prescribing Information]. Northbrook, IL: Astellas Pharma US, Inc.; November 2018

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/10/21

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P&T Approval: 01/19