

# STANDARD COMMERCIAL DRUG FORMULARY PRIOR AUTHORIZATION GUIDELINES

## **GILTERITINIB**

Generic	Brand	HICL	GCN	Exception/Other
GILTERITINIB	XOSPATA	45506		
FUMARATE				

#### **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 with a quantity limit of #3 tablets per day. If no, do not approve.

**DENIAL TEXT:** The guideline named **GILTERITINIB** (**Xospata**) requires a diagnosis of relapsed or refractory acute myeloid leukemia (AML). In addition, the following criteria must be met:

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

## **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 Created: 03/19

Commercial Effective: 04/01/19 Client Approval: 03/19 P&T Approval: 01/19

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