Xospata (gilteritinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Xospata (gilteritinib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Xospata (gilteritinib) may be approved if the following criteria are met:

I. Individual is 18 years of age or older; **AND**
II. Individual has a diagnosis for relapsed or refractory acute myeloid leukemia (AML); **AND**
III. Individual has an FMS-like tyrosine kinase 3 (FLT3) mutation;

OR

IV. Individual has a diagnosis for myeloid/lymphoid neoplasm with eosinophilia (NCCN 2A); **AND**
V. Individual has an FMS-like tyrosine kinase 3 (FLT3) mutation.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2023. URL: http://www.clinicalpharmacology.com. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Updated periodically.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2023; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2023 National Comprehensive Cancer Network, Inc. For additional information, visit the NCCN website: http://www.nccn.org/index.asp. Accessed on September 13, 2023.
    a. Acute Myeloid Leukemia. V4.2023. Revised July 11, 2023.
    b. Myeloid/Lymphoid Neoplasms with Eosinophilia and Tyrosine Kinase Fusion Genes. V2.2023. Revised July 14, 2023.