

Truseltiq (infigratinib)

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

Medications	Quantity Limit
Truseltiq (infigratinib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Truseltiq (infigratinib) may be approved if the following criteria are met:

- I. Individual has a diagnosis of unresectable locally advanced, or metastatic cholangiocarcinoma; **AND**
- II. Individual is using as monotherapy; **AND**
- III. Individual has confirmed disease progression after one or more prior lines of systemic therapy; **AND**
- IV. Individual has fibroblast growth factor receptor 2 (FGFR2) fusion or non-fusion rearrangement with test results confirmed.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2021. 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>.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2021; Updated periodically.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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