

TRUSELTIQ (infigratinib)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Unresectable locally advanced or metastatic cholangiocarcinoma

AND ALL of the following:

- a. Patient has had at least one prior therapy
- b. Fibroblast growth factor receptor 2 (FGFR2) fusion or other rearrangement, as detected by an FDA-approved test
- c. Baseline ophthalmological examination has been done and patient will be monitored for retinal pigment epithelial detachment (RPED)
- d. Prescriber agrees to monitor for hyperphosphatemia and agrees to withhold Truseltiq and initiate phosphate lowering therapy as clinically indicated
- e. Females of reproductive potential only: patient will be advised to use
 effective contraception during treatment with Truseltiq and for 1 month
 after the final dose
- f. Males with female partners of reproductive potential only: patient will be advised to use effective contraception during treatment with Truseltiq and for 1 month after the final dose

Prior - Approval Limits

Quantity

Medication	Daily Dosing Limits
Truseltiq 25 mg, 100 mg	125 mg per day

Duration 12 months

Prior – Approval Renewal Requirements



TRUSELTIQ (infigratinib)

Age 18 years of age or older

Diagnosis

Patient must have the following:

Unresectable locally advanced or metastatic cholangiocarcinoma

AND ALL of the following:

- a. NO disease progression or unacceptable toxicity
- b. Patient will be monitored for retinal pigment epithelial detachment (RPED)
- Prescriber agrees to monitor for hyperphosphatemia and agrees to withhold Truseltiq and initiate phosphate lowering therapy as clinically indicated
- d. Females of reproductive potential only: patient will be advised to use effective contraception during treatment with Truseltiq and for 1 month after the final dose
- Males with female partners of reproductive potential only: patient will be advised to use effective contraception during treatment with Truseltiq and for 1 month after the final dose

Prior - Approval Renewal Limits

Same as above