BlueCross BlueShield Federal Employee Program

XOSPATA
(gilteritinib)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Relapsed or refractory acute myeloid leukemia (AML)

AND ALL of the following:

1. Documented FLT3 mutation as detected by an FDA-approved test
2. Prescriber agrees to monitor electrocardiogram (ECG), complete blood count (CBC), and creatine phosphokinase
3. Females of reproductive potential **only**: patient will be advised to use effective contraception during therapy and for at least 6 months after the last dose
4. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during therapy and for at least 4 months after the last dose

Prior - Approval Limits

Quantity 270 tablets per 90 days

Duration 6 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Relapsed or refractory acute myeloid leukemia (AML)

AND ALL of the following:

1. **NO** disease progression or unacceptable toxicity
2. Prescriber agrees to monitor electrocardiogram (ECG), complete blood

count (CBC), and creatine phosphokinase

3. Females of reproductive potential **only**: patient will be advised to use effective contraception during therapy and for at least 6 months after the last dose
4. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during therapy and for at least 4 months after the last dose

Prior - Approval *Renewal* Limits

Same as above