

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Gilteritinib (Xospata)

Notes:

- Quantity limits: Yes

Initiation (new start) criteria: Non-formulary **gilteritinib (Xospata)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a hematologist or oncologist
- Age greater than or equal to 18
- Diagnosis of acute myeloid leukemia, relapsed or refractory
- Documented FMS Related Receptor Tyrosine Kinase 3 (FLT3) mutation
- Progression of disease on midostaurin (Rydapt) or intolerance to midostaurin (Rydapt), not mitigated by supportive care interventions

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **gilteritinib (Xospata)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a hematologist or oncologist
- Age greater than or equal to 18
- Diagnosis of acute myeloid leukemia, relapsed or refractory
- Documented FMS Related Receptor Tyrosine Kinase 3 (FLT3) mutation

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **gilteritinib (Xospata)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a hematologist or oncologist
- Age greater than or equal to 18
- Diagnosis of acute myeloid leukemia, relapsed or refractory
- Documented FMS Related Receptor Tyrosine Kinase 3 (FLT3) mutation