blue of california

XOSPATA (gilteritinib, oral)

Diagnosis Considered for Coverage:

- Relapsed or refractory acute myeloid leukemia (AML) with an FMS-like tyrosine kinase 3 (FLT3) mutation
- Myeloid, lymphoid, or mixed lineage neoplasms with eosinophilia and FLT3 rearrangement

Coverage Criteria:

For AML:

- Disease is relapsed or refractory to prior treatment, **and**
- Provider attests cancer has FLT3 mutation as detected by an FDA approved test, **and**
- Dose does not exceed FDA label maximum, **and**
- Being used as a single agent**, and**

For myeloid, lymphoid, or mixed lineage neoplasms:

- Provider attestation of eosinophilia, and
- Provider attestation of FLT3 rearrangement, and
- Dose does not exceed 120 mg per day

Coverage Duration: one year

Effective Date: 5/3/2023