

Truseltiq® (infigratinib)
Effective 04/01/2022

Plan	<input type="checkbox"/> MassHealth <input type="checkbox"/> MH UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Truseltiq is indicated for the treatment of previously treated, unresectable locally advanced or metastatic cholangiocarcinoma in adults with a fibroblast growth factor receptor 2 (FGFR2) fusion or other rearrangement as detected by an approved test.

Coverage Guidelines

Authorization may be reviewed for members new to AllWays Health Partners who are currently receiving treatment with Truseltiq excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. The member has a diagnosis of unresectable locally advanced or metastatic cholangiocarcinoma
2. The prescriber specialty is an oncologist or medication is written in consultation with an oncologist
3. Member is ≥ 18 years of age
4. Physician documentation that tumor has FGFR2 fusion or other rearrangement
5. Member has EGFR exon 20 insertion mutation
6. The member has had at least one prior treatment

Continuation of Therapy

Reauthorization will be granted when physician provides attestation of positive response to therapy and member has not shown signs of excessive toxicity.



Limitations

1. Initial approvals and reauthorizations will be granted for 12 months
2. The following quantity limits apply:

Truseltiq	1 blister pack per 28 days
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References

1. Truseltiq [package insert]. Brisbane, CA: QED Therapeutics, Inc.; May 2021.

Review History

01/19/2022 – Reviewed and Created Jan P&T. Effective 04/01/2022.

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.