

Lytgobi (futibatinib)
Effective 06/01/2023

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
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
FDA Approved Indications

Treatment of adult patients with previously treated unresectable, locally advanced or metastatic intrahepatic cholangiocarcinoma harboring fibroblast growth factor receptor 2 (FGFR2) gene fusions or other rearrangements.

Compendial Use

Extrahepatic cholangiocarcinoma

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with Lytgobi, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for treatment when all the following criteria are met:

1. Diagnosis of unresectable, locally advanced, or metastatic cholangiocarcinoma
2. Documented FGF2 gene fusion or rearrangement

Note: Medication regimens being used in accordance with National Comprehensive Cancer Network (NCCN) guidelines can be reviewed for medical necessity.

Continuation of Therapy

Reauthorization may be granted for members who meet the following:

1. Diagnosis of unresectable, locally advanced, or metastatic cholangiocarcinoma

2. There has been no evidence of unacceptable toxicity or disease progression on current regimen

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months

References

1. Lytgobi [package insert]. Princeton, NJ: Taiho Pharmaceutical Co., Ltd.; September 2022.
2. The NCCN Drugs & Biologics Compendium® © 2022 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed October 19, 2022.

Review History

03/15/2023 – Reviewed and Created for Feb P&T; Effective 6/1/23

