

Lonsurf (trifluridine and tipiracil)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Lonsurf (trifluridine and tipiracil)

APPROVAL CRITERIA

Requests for Lonsurf (trifluridine and tipiracil) may be approved if the following criteria are met:

- I. Individual has a diagnosis of metastatic colorectal cancer, where prior treatment includes:
 - A. Fluoropyrimidine / oxaliplatin / irinotecan-based chemotherapy; **AND**
 - B. Anti-VEGF biologic therapy; **AND**
 - C. If RAS wild-type, an anti-EGFR therapy (such as panitumumab (Vectibix) or cetuximab (Erbixux));

OR

- II. Individual has a diagnosis of advanced, recurrent, or metastatic gastric or gastroesophageal junction adenocarcinoma (NCCN 1, Label); **AND**
- III. Individual is using as third-line or subsequent therapy (NCCN 1); **OR**
- IV. Individual is using as palliative therapy (NCCN 1);

OR

- V. Individual has a diagnosis of advanced or metastatic colon or rectal cancer; **AND**
- VI. Individual has progressed thorough all available regimens besides fruquintinib, regorafenib or Lonsurf (trifluridine/tipiracil) (NCCN 2A).

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Updated periodically.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2024; Updated periodically.
4. NCCN Clinical Practice Guidelines in Oncology™. © 2024 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on September 9, 2024.
 - a. Colon Cancer. V5.2024. Revised August 22, 2024.
 - b. Esophageal and Esophagogastric Junction Cancers. V4.2024. Revised July 30, 2024.
 - c. Gastric Cancer. V4.2024. Revised August 12, 2024.
 - d. Rectal Cancer. V4.2024. Revised August 22, 2024.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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