

Gilotrif (afatinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Gilotrif (afatinib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Gilotrif (afatinib) may be approved if the following criteria are met:

- I. Individual has a diagnosis of recurrent, advanced, or metastatic Non-small cell lung cancer (NSCLC) with non-resistant epidermal growth factor receptor (EGFR) mutation.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2024. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Updated periodically.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2024; Updated periodically.
5. 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 March 19, 2024.
 - a. Non-Small Cell Lung Cancer. V3.2024. Revised March 12, 2024.
 - b. Central Nervous System Cancers. V1.2023. Revised March 24, 2023.
 - c. Head and Neck Cancers. V3.2024. Revised February 29, 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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