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.