

# 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, with test results confirmed;

**OR**

- II. Individual has a diagnosis of Metastatic squamous NSCLC, after progression on platinum-based chemotherapy.

Requests for Gilotrif (afatinib) may not be approved for the following:

- I. In combination with other agents for NSCLC.

## **Key References:**

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2021. 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>. Accessed: March 28, 2021.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2021 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on March 28, 2021.
  - a. Non-Small Cell Lung Cancer. V4.2021. Revised March 3, 2021.

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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