

PHARMACY COVERAGE GUIDELINE

GILOTRIF™ (afatinib) oral Generic Equivalent (if available)

This Pharmacy Coverage Guideline (PCG):

- Provides information about the reasons, basis, and information sources we use for coverage decisions
- Is not an opinion that a drug (collectively “Service”) is clinically appropriate or inappropriate for a patient
- Is not a substitute for a provider’s judgment (Provider and patient are responsible for all decisions about appropriateness of care)
- Is subject to all provisions e.g. (benefit coverage, limits, and exclusions) in the member’s benefit plan; and
- Is subject to change as new information becomes available.

Scope

- This PCG applies to Commercial and/or Marketplace plans
- This PCG does not apply to the Federal Employee Program, Medicare Advantage, Medicaid or members of out-of-state Blue Cross and/or Blue Shield Plans

Instructions & Guidance

- To determine whether a member is eligible for the Service, read the entire PCG.
 - This PCG is used for FDA approved indications including, but not limited to, a diagnosis and/or treatment with dosing, frequency, and duration.
 - Use of a drug outside the FDA approved guidelines, refer to the appropriate Off-Label Use policy.
 - The “Criteria” section outlines the factors and information we use to decide if the Service is medically necessary as defined in the Member’s benefit plan.
 - The “Description” section describes the Service.
 - The “Definition” section defines certain words, terms or items within the policy and may include tables and charts.
 - The “Resources” section lists the information and materials we considered in developing this PCG
 - **We do not accept patient use of samples as evidence of an initial course of treatment, justification for continuation of therapy, or evidence of adequate trial and failure.**
 - Information about medications that require prior authorization is available at www.azblue.com/pharmacy. You must fully complete the [request form](#) and provide chart notes, lab workup and any other supporting documentation. The prescribing provider must sign the form. Fax the form to BCBSAZ Pharmacy Management at (602) 864-3126 or email it to Pharmacyprecert@azblue.com.
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Medical Necessity Requirements for **GILOTRIF** (afatinib)

Criteria for Initial Therapy:

Prescriber Qualifications

- Prescribed by an Oncologist or is in consultation with an Oncologist

Indication

- Metastatic non small cell lung cancer (NSCLC) with non resistant epidermal growth factor receptor (EGFR) mutations
- Metastatic squamous NSCLC progressing after platinum based chemotherapy

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- Other oncologic direct treatment uses listed in the National Comprehensive Cancer Network (NCCN) Guidelines with Categories of Evidence and Consensus of 1 and 2A

Age Requirement

- 18 years or older

Baseline Clinical Evaluation

- Genetic testing completed using an FDA approved test and results submitted
- Eastern Cooperative Oncology Group (ECOG) Performance Status of 0–1

Brand Specific Criteria

- Have failure, contraindication or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Safety

- There is **NONE** of the following:
 - End stage renal disease (estimated glomerular filtration rate less than 15 mL/min/1.73 m²) or dialysis
 - Severe hepatic disease (Child Pugh Class C)

Documentation Requirements

- A completed request form must be submitted including
 - Chart notes
 - Lab results (genetic testing results, ECOG status)
 - Supporting clinical documentation

Initial Therapy Criteria Approval Duration

- 6 months OR end of plan year
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Criteria for Continuation of Therapy (renewal therapy):

Note: Manufacturer assistance (e.g., coupons, samples, etc.) are not considered for continuation of therapy.

Prescriber Qualification

- Continues to be seen by an Oncologist or is in consultation with an Oncologist

Clinical Response

- No evidence of disease progression or unacceptable toxicity

Adherence

- Adherence to the prescribed therapy regimen has been documented

Brand Specific Criteria

- Have failure, contraindication or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

ORIGINAL EFFECTIVE DATE: 01/01/2016 | ARCHIVE DATE: | LAST REVIEW DATE: 02/19/2026 | LAST CRITERIA REVISION DATE: 02/15/2024

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Safety

- There is **NONE** of the following:
 - End stage renal disease (estimated glomerular filtration rate less than 15 mL/min/1.73 m²) or dialysis
 - Severe hepatic disease (Child Pugh Class C)
 - Life threatening bullous, blistering, or exfoliative skin lesions including toxic epidermal necrolysis and Stevens Johnson syndrome
 - Confirmed interstitial lung disease
 - Gastrointestinal perforation
 - Persistent ulcerative keratitis
 - Symptomatic left ventricular dysfunction
 - Severe or intolerable adverse reaction occurring at a dose of 20 mg per day

Documentation Requirements

- Chart notes
- Supporting clinical documentation with evidence of improvement in given indication
- Lab values that confirm safe use

Continuation Therapy Criteria Approval Duration

- 12 months OR end of plan year
-

Criteria for Off-Label Use Requests:

Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

1. Off-Label Use of Non-Cancer Medications
 2. Off-Label Use of Cancer Medications
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Description:

Gilotrif (afatinib) is a tyrosine kinase inhibitor indicated for the first-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumors have non-resistant epidermal growth factor receptor (EGFR) mutations as detected by an FDA-approved test and it is indicated for the treatment of patients with metastatic squamous NSCLC progressing after platinum-based chemotherapy. Gilotrif (afatinib) is also indicated for the treatment of patients with metastatic squamous NSCLC progressing after platinum-based chemotherapy.

Afatinib covalently binds to the kinase domains of EGFR (ErbB1), HER2 (ErbB2), and HER4 (ErbB4) and irreversibly inhibits tyrosine kinase autophosphorylation, resulting in downregulation of ErbB signaling. Treatment with afatinib results in inhibition of tumor growth.

There are two main types of lung cancer: small cell lung cancer (SCLC) and non-small cell lung cancer (NSCLC). SCLC is also known as “oat-cell” cancer because the cells look like oats under the microscope. NSCLC is the most common type of lung cancer, seen in 85-90% of lung cancers. NSCLC can be divided histopathologically as

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either squamous or non-squamous type. Squamous (epidermoid) cells are thin, flat cells that look like fish scales and are seen in the tissues that line the larger airways whereas non-squamous cancers usually begin in more distal airway. There are three main types of NSCLC: squamous cell carcinoma; adenocarcinoma; and large-cell undifferentiated carcinoma. About 25-30% of all lung cancers are squamous cell carcinomas, 40% are adenocarcinomas, and large cell (undifferentiated) carcinoma accounts for about 10-15% of lung cancers.

Definitions:

U.S. Food and Drug Administration (FDA) MedWatch Forms for FDA Safety Reporting
[MedWatch Forms for FDA Safety Reporting | FDA](#)

Some examples of sensitizing EGFR mutation-positive non-small cell lung cancer:

- Exon 19 deletions
- Exon 21 (L858R) substitution mutations
- L861Q
- G719X
- S768I

Eastern Co-operative Oncology Group (ECGO) Performance Status:

Grade	ECOG description
0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physical strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
2	Ambulatory and capable of all self-care but unable to carry out any work activities, up and about more than 50% of waking hours
3	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours
4	Completely disabled, cannot carry on any self-care, totally confined to bed or chair
5	Dead

Oken, MM, Creech, RH, Tormey, DC, et al.: Toxicity and Response Criteria Of The Eastern Cooperative Oncology Group. Am J Clin Oncol 5:649-655, 1982

NCCN recommendation definitions:

Category 1:

Based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Category 2A:

Based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Category 2B:

Based upon lower-level evidence, there is NCCN consensus that the intervention is appropriate.

Category 3:

Based upon any level of evidence, there is major NCCN disagreement that the intervention is appropriate



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Resources:

Gilotrif (afatinib) product information, revised by Boehringer Ingelheim Pharmaceuticals, Inc. 04-2022. Available at DailyMed <http://dailymed.nlm.nih.gov>. Accessed November 10, 2025.

National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Non-Small Cell Lung Cancer Version 3.2026 – Updated December 24, 2025. Available at <https://www.nccn.org>. Accessed January 20, 2026.

Off Label Use of Cancer Medications: A.R.S. §§ 20-826(R) & (S). Subscription contracts; definitions.

Off Label Use of Cancer Medications: A.R.S. §§ 20-1057(V) & (W). Evidence of coverage by health care service organizations; renewability; definitions.

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