Market Applicability							
Market	**DC**	**GA**	**KY**	**MD**	**NJ**	**NY**	**WA**
Applicable	X	X	X	X	X	X	X

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 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.: 2020. 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 26, 2020.
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™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Accessed on March 26, 2020.
    a. Non-Small Cell Lung Cancer. V3.2020. Revised February 11, 2020.
    b. Central Nervous System Cancers. V1.2020. Revised March 10, 2020.

Market Applicability							
Market	**DC**	**GA**	**KY**	**MD**	**NJ**	**NY**	**WA**
Applicable	X	X	X	X	X	X	X

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.