STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

AFATINIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
AFATINIB DIMALEATE	GILOTRIF	40478		GPI-10 (2136000610)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of metastatic squamous non-small cell lung cancer (NSCLC) **AND** meet the following criterion?
   - The patient has disease progression after platinum-based chemotherapy (i.e., cisplatin, carboplatin, oxaliplatin)

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.**
   If no, continue to #2.

2. Does the patient have a diagnosis of metastatic non-small cell lung cancer (NSCLC) and meet **ALL** of the following criteria?
   - The patient's tumors have non-resistant epidermal growth factor receptor (EGFR) mutations as detected by an FDA-approved test
   - Gilotrif will NOT be used concurrently with an epidermal growth factor receptor (EGFR) tyrosine kinase-inhibitor (e.g., Tarceva [erlotinib], Tagrisso [Osimertinib], Iressa [gefitinib])

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.**
   If no, do not approve.
   DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **AFATINIB (Gilotrif)** requires the following rule(s) be met for approval:
   A. You have ONE of the following diagnoses:
      1. Metastatic squamous non-small cell lung cancer (type of lung cancer that has spread to other parts of the body)
      2. Metastatic non-small cell lung cancer (a different type of lung cancer that has spread to other parts of the body)
   B. **If you have metastatic squamous non-small cell lung cancer, approval also requires:**
      1. Your disease has worsened after using platinum-based chemotherapy (such as cisplatin, carboplatin, oxaliplatin)
   C. **If you have metastatic non-small cell lung cancer, approval also requires:**
      1. Your tumors have non-resistant epidermal growth factor receptor (EGFR: type of protein) mutations as shown by an FDA (Food and Drug Administration)-approved test
      2. You will NOT be using Gilotrif concurrently (at the same time) with an epidermal growth factor receptor (EGFR) tyrosine kinase-inhibitor (such as Tarceva [erlotinib], Tagrisso [Osimertinib], Iressa [gefitinib])

   (Denial text continued on next page)

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AFATINIB

GUIDELINES FOR USE (CONTINUED)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Gilotrif.

REFERENCES

- Gilotrif (afatinib) [prescribing information]. Boehringer Ingelheim Pharmaceuticals, Inc.; Ridgefield, CT. April 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 07/01/22
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