Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

catamaran™

GILOTRIF (afatinib)

GPI CODING:

215340061003**

DESCRIPTION:

Gilotrif (afatinib) is indicated for the first-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations as detected by an FDA-approved test.

APPROVAL DURATION:

Initial approvals and renewals: 12 months

CRITERIA FOR GILOTRIF

I. Patient has a diagnosis of metastatic non-small cell lung cancer AND
II. Patient has known active epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutation as detected by an FDA-approved test or Clinical Laboratory Improvement Amendments-approved facility AND
III. The medication will be used first-line

OR

IV. Off label uses for oncology drugs if considered medically acceptable in one or more of the following compendia (i.e., Micromedex DrugDex, AHFS, Clinical Pharmacology, and NCCN.) A use is identified by a compendium as medically accepted if the:
    A. Indication is a Category 1 or 2A in NCCN,
    B. Indication is a Class I, Class IIa or Class IIb in DrugDex,
    C. Narrative text in AHFS or Clinical Pharmacology is supportive; or
    D. The use is supported by clinical research in 2 or more peer-reviewed medical journals

Authorization for continued use will be considered when the following criteria are met: patient has an objective response to therapy.