

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

## Lonsurf (trifluridine and tipiracil)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Lonsurf (trifluridine and tipiracil)

### APPROVAL CRITERIA

Requests for Lonsurf (trifluridine and tipiracil) may be approved if the following criteria are met:

- I. Individual has a diagnosis of metastatic colorectal cancer, where prior treatment includes:
  - A. Fluoropyrimidine / oxaliplatin / irinotecan-based chemotherapy; **AND**
  - B. Anti-VEGF biologic therapy; **AND**
  - C. If RAS wild-type, an anti-EGFR therapy (such as panitumumab (Vectibix) or cetuximab (Erbix))

**OR**

- II. Individual has a diagnosis of advanced or metastatic rectal cancer; **AND**
- III. Individual has progressed thorough all available regimens besides regorafenib or Lonsurf (trifluridine/tipiracil) (NCCN 2A).

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

### Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: 8/2018.

DrugPoints® System [Internet Database]. Greenwood Village, CO: Thomson Reuters (Healthcare) Inc. Updated periodically.

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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.

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Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

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