

**CRITERIA FOR PRIOR AUTHORIZATION**

Gilotrif® (afatinib)

**PROVIDER GROUP** Pharmacy

**MANUAL GUIDELINES** The following drug requires prior authorization:  
Afatinib (Gilotrif)

**CRITERIA FOR GILOTRIF:** (must meet all of the following)

- Patient must have one of the following:
  - Diagnosis of metastatic non-small cell lung cancer (NSCLC)
    - Tumors must have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations
  - Diagnosis of metastatic, squamous non-small cell lung cancer (NSCLC)
    - Patient must progress after platinum-based chemotherapy
- Patient must not be pregnant

**LENGTH OF APPROVAL** 12 months

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DRUG UTILIZATION REVIEW COMMITTEE CHAIR

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PHARMACY PROGRAM MANAGER  
DIVISION OF HEALTH CARE FINANCE  
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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