

Priority Health Medicare Prior Authorization Criteria (Part D)

Gilotrif®

Products affected

- Gilotrif®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	For diagnosis of metastatic non-small cell lung cancer, patient must have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutation confirmed by an FDA-approved test. For diagnosis of metastatic squamous non-small cell lung cancer, patient must have disease progression after platinum-based chemo.
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	Authorized for one year.
Other criteria	N/A