

## Priority Health Medicare Prior Authorization Criteria (Part D)

### Lonsurf®

#### Products affected

- Lonsurf®

#### Details

<b>Covered uses</b>	All medically accepted indications not otherwise excluded from Part D.
<b>Exclusion criteria</b>	N/A
<b>Required medical information</b>	Documentation of KRAS mutation status. Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1.
<b>Age restrictions</b>	N/A
<b>Prescriber restrictions</b>	N/A
<b>Coverage duration</b>	One year
<b>Other criteria</b>	Must first try fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy, an anti-VEGF therapy, and, if KRAS wild type, an anti-EGFR therapy.