

Priority Health Medicare Prior Authorization Criteria (Part D)

Stivarga®

Products affected

- Stivarga®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Documentation of KRAS mutation status. Eastern Cooperative Oncology Group (ECOG) performance status of 0-1. ECOG not required for diagnosis of Gastrointestinal Stromal Tumors.
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	Authorized for one year.
Other criteria	For diagnosis of metastatic colorectal cancer, patient must have a documented trial with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy and an anti-vascular endothelial growth factor (VEGF) therapy. Patients with KRAS wild-type, patient must have a documented trial with an anti-epidermal growth factor receptor (EGFR) therapy. For diagnosis of gastrointestinal stromal tumor, patient must have had prior treatment with both Gleevec (imatinib mesylate) and Sutent.