



STIVARGA PA SUMMARY

STATUS: Preferred

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Approvable for metastatic colorectal cancer (CRC) in members who have been previously treated with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy and an antivascular endothelial growth factor (anti-VEGF) therapy
- ❖ If the metastatic CRC is classified as KRAS wild-type, member must have been treated with an antiepidermal growth factor receptor (anti-EGFR) therapy.
- ❖ Stivarga is also approvable for gastrointestinal stromal tumors (GIST) that are unresectable, locally advanced, or metastatic. Members must be resistant to or intolerant to imatinib (Gleevec) and sunitinib (Sutent).
- ❖ Liver function tests must be obtained and evaluated prior to therapy and must continue to be monitored throughout therapy.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.