



Medicare Part D – 2016

Prior Authorization Group Description

LONSURF

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria:

Required Medical Information:

Documentation that the patient does or does not have the KRAS wild type gene.

Age Restrictions:

Prescriber Restrictions:

Coverage Duration:

Length of benefit

Other Criteria:

Failure or clinically significant adverse effects to one of the following: 5-fluorouracil, capecitabine, oxaliplatin, irinotecan, Avastin, Zaltrap. If tumor expresses the KRAS wild type gene, failure or clinically significant adverse effects to Erbitux or Vectibix.