



Medicare Part D – 2016

Prior Authorization Group Description

STIVARGA

Covered Uses:

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

Exclusion Criteria:

Required Medical Information:

Age Restrictions:

Prescriber Restrictions:

Coverage Duration:

Length of Benefit.

Other Criteria:

METASTATIC COLORECTAL CANCER: Failure or clinically significant adverse effects to one of the following: 5-fluorouracil, capecitabine, oxaliplatin, irinotecan, Avastin, Zaltrap or if tumor expresses the KRAS wild type gene: cetuximab or panitumumab. GASTROINTESTINAL STROMAL TUMOR: Failure or clinically significant adverse effects to one of the following: Gleevec or Sutent.