



**GEORGIA MEDICAID FEE-FOR-SERVICE
STIVARGA PA SUMMARY**

Preferred	Non-Preferred
Stivarga (regorafenib)	n/a

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Approvable for members with a diagnosis of 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 RAS wild-type, member must have been previously treated with an antiepidermal growth factor receptor (anti-EGFR) therapy. Special consideration given for members who have stage IV advanced metastatic disease.
- ❖ Approvable for members with a diagnosis of unresectable, locally advanced or metastatic gastrointestinal stromal tumors (GIST) who are resistant or intolerant to imatinib (Gleevec) and sunitinib (Sutent). Special consideration given for members who have stage IV advanced metastatic disease.
- ❖ Approvable for members with a diagnosis of hepatocellular carcinoma (HCC) who are resistant or intolerant to sorafenib (Nexavar). Special consideration given for members who have stage IV advanced metastatic disease.

EXCEPTIONS:

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

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on



Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.