

## State of Oklahoma SoonerCare

## Stivarga<sup>®</sup> (Regorafenib) Prior Authorization Form

Member Name:	Date of Birth:	Member ID#:
Drug Information		
Pharmacy billing (NDC:) Start Date (or date of next dose):		
Dose:Dosing Regimen:		
Billing Provider Information		
Pharmacy NPI:	Pharmacy Name:	
Pharmacy Phone:	Pharmacy Fax:	
Prescriber Information		
Prescriber NPI:	criber NPI: Prescriber Name:	
Prescriber Phone:	Prescriber Fax:	Specialty:
<b>Criteria</b>		
For Initial Authorization:		
1. Please indicate the diagnosis and information:  Colorectal Cancer  A. Is the disease metastatic, recurrent, or unresectable? Yes No B. Was the member previously treated with a fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy? Yes No C. Was the member previously treated with an anti-vascular endothelial growth factor (VEGF) therapy? Yes No D. Is disease RAS wild-type disease? Yes No i. If yes, was the member previously treated with an anti-epidermal growth factor receptor (EGFR) therapy? Yes No Gastrointestinal Stromal Tumor A. Is the disease locally advanced unresectable or metastatic ? Yes No B. Was the member previously treated with imatinib and sunitinib? Yes No Hepatocellular Carcinoma A. Was the member previously treated with sorafenib? Yes No B. Will regorafenib be used in the second line or greater setting? Yes No C. Will regorafenib be used as a single agent? Yes No Other: For Continued Authorization: 1. Date of last dose: 2. Does the member have any evidence of progressive disease while on regorafenib ? Yes No 3. Has the member experienced any adverse drug reactions related to regorafenib therapy? Yes No Prescriber Signature: Date:		
I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my		
<b>knowledge.</b> Failure to complete this form in full will result in processing delays.		

## $\underline{\text{PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:}}$

University of Oklahoma College of Pharmacy Pharmacy Management Consultants Product Based Prior Authorization Unit

> Fax: 1-800-224-4014 Phone: 1-800-522-0114 Option 4

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