



December 1, 2022

**RE: Prior Authorization of Lonsurf® and Stivarga® Effective December 15, 2022**

Effective December 15, 2022, Lonsurf® and Stivarga® will require prior authorization. SoonerCare members currently taking Lonsurf® or Stivarga® will be approved for continuation of therapy. The prior authorization criteria for reimbursement are as follows:

Lonsurf® (Trifluridine/Tipiracil) Approval Criteria [Colorectal Cancer (CRC) Diagnosis]:

1. Diagnosis of metastatic, recurrent, or unresectable CRC; and
2. Previously treated with a fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy; and
3. Previously treated with an anti-vascular endothelial growth factor (VEGF) therapy; and
  - a. If RAS wild-type disease, previously treated with an anti-epidermal growth factor receptor (EGFR) therapy; and
4. Used as monotherapy or in combination with bevacizumab.

Lonsurf® (Trifluridine/Tipiracil) Approval Criteria [Gastric or Gastroesophageal Junction (GEJ) Adenocarcinoma Diagnosis]:

1. Diagnosis of metastatic gastric or GEJ adenocarcinoma; and
2. Previously treated with at least 2 prior lines of chemotherapy that included a fluoropyrimidine, a platinum, paclitaxel, docetaxel, or irinotecan; and
3. If human epidermal growth factor receptor type 2 (HER2) positive disease, prior treatment should have included HER2 targeted therapy.

Stivarga® (Regorafenib) Approval Criteria [Colorectal Cancer (CRC) Diagnosis]:

1. Diagnosis of metastatic, recurrent, or unresectable CRC; and
2. Previous treatment with a fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy; and
3. Previous treatment with an anti-vascular endothelial growth factor (VEGF) therapy; and
  - a. If RAS wild-type disease, previously treated with an anti-epidermal growth factor receptor (EGFR) therapy.

Stivarga® (Regorafenib) Approval Criteria [Gastrointestinal Stromal Tumor (GIST) Diagnosis]:

1. Diagnosis of locally advanced unresectable or metastatic GIST; and
2. Previously treated with imatinib and sunitinib.

Stivarga® (Regorafenib) Approval Criteria [Hepatocellular Carcinoma (HCC) Diagnosis]:

1. Diagnosis of HCC; and
2. Previous treatment with sorafenib.

Thank you for the services you provide to Oklahomans insured by SoonerCare!

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**SOONERCARE PHARMACY SERVICES • PHARMACY MANAGEMENT CONSULTANTS**



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**WEBSITES**

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