



**Stivarga**

**Express Scripts  
Prior Authorization  
Phone 1-844-424-8886  
Fax 1-877-251-5896**

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: [medicarepartdparequests@express-scripts.com](mailto:medicarepartdparequests@express-scripts.com)

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:

Medication:	Diagnosis:
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**SECTION A** Please answer the following questions

1.  Yes  No Is the member currently taking the requested medication?
2.  Yes  No Is the indication or diagnosis for treatment of metastatic colorectal cancer?
3.  Yes  No Has the member previously received treatment with fluoropyrimidine-oxaliplatin-irinotecan-based chemotherapy and an anti-VEGF therapy prior to the initiation of Stivarga?
4.  Yes  No Does the member have KRAS wild type metastatic colorectal cancer?
5.  Yes  No If the member has KRAS wild type metastatic colorectal cancer, has the member previously received treatment with anti-EGFR therapy prior to the initiation of Stivarga?
6.  Yes  No Is the diagnosis or indication to treat patients with locally advanced, unresectable or metastatic gastrointestinal stromal tumor (GIST) who have been previously treated with imatinib mesylate (GLEEVEC) and sunitinib malate (SUTENT)?
7.  Yes  No Is the diagnosis or indication for the treatment of hepatocellular carcinoma?
8.  Yes  No Does the member have documented use of sorafenib (NEXAVAR) prior to initiation of Stivarga?
9.  Yes  No Does the member have severe hepatic impairment (Child-Pugh Class C)?
10.  Yes  No Was a baseline liver function test performed prior to initiation of Stivarga?

- 11.  Yes  No Does the member have adequately controlled blood pressure prior to the initiation of Stivarga?
- 12.  Yes  No Is the prescription written or recommended by an Oncologist?

***Please document the symptoms and/or any other information important to this review:***

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**SECTION B**    Physician Signature

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PHYSICIAN SIGNATURE

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DATE

**FAX COMPLETED FORM TO: 1-877-251-5896**

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.villagehealthca.com>