

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnoses

Patient must have **ONE** of the following:

1. Metastatic colorectal cancer (CRC)
 - a. Previously treated with fluoropyrimidine-, oxaliplatin-and irinotecan-based chemotherapy and if RAS wild type, an anti-EGFR therapy
2. Gastrointestinal stromal tumor (GIST)
 - a. Unresectable OR metastatic OR locally advanced
 - b. Previously treated with Gleevec (imatinib) and Sutent (sunitinib)
3. Hepatocellular carcinoma (HCC)
 - a. Previously treated with sorafenib (Nexavar)
4. Cholangiocarcinoma

AND ALL of the following for **ALL** indications:

1. Assessment of ALT, AST, and bilirubin tests before initiation of therapy
 - a. Agreement to monitor levels every 2 weeks during the first 2 months of treatment, then monitored at least monthly
2. **NO** signs or symptoms of severe hemorrhage

Prior - Approval Limits

Quantity 252 tablets per 84 days

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age and older

Diagnoses

Patient must have **ONE** of the following:

1. Metastatic colorectal cancer (CRC)
2. Gastrointestinal stromal tumor (GIST)
 - a. Unresectable **OR** metastatic **OR** locally advanced

3. Hepatocellular Carcinoma (HCC)
4. Cholangiocarcinoma

AND ALL of the following for **ALL** indications:

1. Liver function tests are < 3 times the upper limit of normal (ULN) or baseline
2. **NO** signs or symptoms of severe hemorrhage
3. **NO** signs or symptoms of gastrointestinal perforation or fistula
4. **NO** development of Reversible Posterior Leukoencephalopathy Syndrome (RPLS)

Prior - Approval Limits

Same as above