MEDICATION POLICY

Generic Name: Sorafenib

Therapeutic Class or Brand Name: Nexavar®

Applicable Drugs (if Therapeutic Class)**:** N/A

Date of Origin: 2/1/13 **Date Last Reviewed/Revised:** 12/6/17

GPI Code: 2153306040

Prior Authorization Criteria (may be considered medically necessary when criteria I through III are met):

I. Documented diagnosis of one of the following conditions A through C AND must meet criteria listed under applicable diagnosis:
   A. Hepatocellular carcinoma (HCC).
   B. Renal cell carcinoma (RCC) and criterion 1 is met:
      1. Prior therapy with sunitinib (Sutent®) was ineffective, contraindicated, or not tolerated.
   C. Locally recurrent or metastatic, progressive, differentiated thyroid carcinoma (DTC) that is refractory to radioactive iodine treatment.

II. Minimum age requirement: 18 years old.

III. Prescriber is an oncologist.

Exclusion Criteria:

- Nexavar® in combination with carboplatin and paclitaxel is contraindicated in patients with squamous cell lung cancer.

Other Criteria:

- N/A

Quantity/Days Supply Restrictions:

- 120 tablets per 30 days.

Approval Length:

- **Authorization:** 1 year.

- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

Appendix:

N/A

References:

1. http://blue.regence.com/trgmedpol/drugs/dru134.pdf.
2. Medi-Span.
3. http://labeling.bayerhealthcare.com/html/products/pi/Nexavar_PI.pdf.

MEDICATION POLICY

Historical Tracking Of Changes Made To Policy	
12/6/2017	1. Policy reviewed: no changes made.
10/8/2016	1. Policy reviewed: no changes made.
5/14/2015	1. Policy reviewed: no changes made.
1/15/2014	1. **Adapted policy to new format.** 2. **Added GPI code**. 3. **Added** "Locally recurrent or metastatic, progressive, differentiated thyroid carcinoma (DTC) that is refractory to radioactive iodine treatment" **as listed diagnosis under Prior Authorization Criteria**. 4. **Added** "Nexavar® in combination with carboplatin and paclitaxel is contraindicated in patients with squamous cell lung cancer" **to Exclusion Criteria**. 5. **Updated references** to include Medi-Span.