



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.

Disclaimer: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgment in providing the most appropriate care for their patients.



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- **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.

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<i>Historical Tracking Of Changes Made To Policy</i>	
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	<ol style="list-style-type: none">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.

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