

**Generic Name:** Sorafenib

**Therapeutic Class or Brand Name:** Nexavar

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

**GPI Code:** 2153306040

**Preferred:** N/A

**Non-preferred:** N/A

**Date of Origin:** 2/1/2013

**Date Last Reviewed / Revised:** 1/20/2020

## 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. National Comprehensive Cancer Network (NCCN). Hepatobiliary Cancers. Version 4.2019. Updated December 20, 2019. Available at: [https://www.nccn.org/professionals/physician\\_gls/pdf/hepatobiliary.pdf](https://www.nccn.org/professionals/physician_gls/pdf/hepatobiliary.pdf).
2. National Comprehensive Cancer Network (NCCN). Kidney Cancer. Version 2.2020. Updated August 5, 2019. Available at: [https://www.nccn.org/professionals/physician\\_gls/pdf/kidney.pdf](https://www.nccn.org/professionals/physician_gls/pdf/kidney.pdf).
3. National Comprehensive Cancer Network (NCCN). Thyroid Carcinoma. Version 2.2019. Updated September 16, 2019. Available at: [https://www.nccn.org/professionals/physician\\_gls/pdf/thyroid.pdf](https://www.nccn.org/professionals/physician_gls/pdf/thyroid.pdf).
4. Medi-Span®.
5. Nexavar® [Package Insert]. Whippany, NJ: Bayer Healthcare; December 2018. Available at: [http://labeling.bayerhealthcare.com/html/products/pi/Nexavar\\_PI.pdf](http://labeling.bayerhealthcare.com/html/products/pi/Nexavar_PI.pdf).

**HISTORICAL TRACKING OF CHANGES MADE TO POLICY**

Date	Notes/Changes
1/20/2020	1. <b>Removed</b> " <a href="https://regence.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/Cambia/Program_Summaries/dru134reg.pdf">https://regence.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/Cambia/Program_Summaries/dru134reg.pdf</a> ." Added " <a href="https://www.nccn.org/professionals/physician_gls/pdf/hepatobiliary.pdf">https://www.nccn.org/professionals/physician_gls/pdf/hepatobiliary.pdf</a> ", " <a href="https://www.nccn.org/professionals/physician_gls/pdf/kidney.pdf">https://www.nccn.org/professionals/physician_gls/pdf/kidney.pdf</a> ", " <a href="https://www.nccn.org/professionals/physician_gls/pdf/thyroid.pdf">https://www.nccn.org/professionals/physician_gls/pdf/thyroid.pdf</a> " <b>under References.</b>
9/21/2018	1. <b>Deleted</b> <a href="http://blue.regence.com/trgmedpol/drugs/dru134.pdf">http://blue.regence.com/trgmedpol/drugs/dru134.pdf</a> . <b>Added</b> <a href="https://regence.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/Cambia/Program_Summaries/dru134reg.pdf">https://regence.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/Cambia/Program_Summaries/dru134reg.pdf</a> .
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. <b>Adapted policy to new format.</b>

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