

Generic Name: Sorafenib

Therapeutic Class or Brand Name: Nexavar

Applicable Drugs (if Therapeutic Class): N/A

Preferred: N/A

Non-preferred: N/A

Date of Origin: 2/1/2013

Date Last Reviewed / Revised: 11/17/2021

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 5.2021. Updated September 21, 2021. Available at: https://www.nccn.org/professionals/physician_gls/pdf/hepatobiliary.pdf.
2. National Comprehensive Cancer Network (NCCN). Kidney Cancer. Version 3.2022. Updated November 4, 2021. Available at: https://www.nccn.org/professionals/physician_gls/pdf/kidney.pdf.
3. National Comprehensive Cancer Network (NCCN). Thyroid Carcinoma. Version 3.2021. Updated October 15, 2021. Available at: https://www.nccn.org/professionals/physician_gls/pdf/thyroid.pdf.
4. Medi-Span®.
5. Nexavar® [Package Insert]. Whippany, NJ: Bayer Healthcare; July 2020. Available at: http://labeling.bayerhealthcare.com/html/products/pi/Nexavar_PI.pdf.

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 judgement in providing the most appropriate care for their patients.