



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

SORAFENIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
SORAFENIB TOSYLATE	NEXAVAR, SORAFENIB TOSYLATE	33400		GPI-10 (2153306040)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of advanced renal cell carcinoma (RCC)?

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #4 per day.**

If no, continue to #2.

2. Does the patient have a diagnosis of unresectable hepatocellular carcinoma?

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #4 per day.**

If no, continue to #3.

3. Does the patient have a diagnosis of locally recurrent or metastatic, progressive, differentiated thyroid carcinoma (DTC) that is refractory to radioactive iodine treatment?

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #4 per day.**

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **SORAFENIB (Nexavar)** requires the following rule(s) be met for approval:

A. You have ONE of the following diagnoses:

1. Advanced renal cell carcinoma (RCC: type of kidney cancer)
2. Unresectable hepatocellular carcinoma (liver cancer that cannot be removed with surgery)
3. Locally recurrent or metastatic, progressive, differentiated thyroid carcinoma (DTC) that is refractory to radioactive iodine treatment (thyroid cancer that has returned or spread, is getting worse and is not responding to a type of treatment)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

CONTINUED ON NEXT PAGE



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RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Review for Nexavar.

REFERENCES

- Nexavar [Prescribing Information]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc. July 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 07/18/22

Created: 05/11

Client Approval: 06/22

P&T Approval: 02/14