

Pharmacy Prior Authorization Form

For Prior Authorization, please fax to: 877 974-4411 toll free, or 616 942-8206

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: **Commercial (Traditional)** **Commercial (Individual/Optimized)**

Medicaid

This request is: **Urgent** (life threatening) **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Nexavar[®] (sorafenib)

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____

Provider Address: _____

Provider NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____

Product Information

New request Continuation request

Drug product: Nexavar 200 mg tablet **Start date** (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

Drug cost information

The wholesale acquisition cost for Nexavar is \$155.58 for each tablet. The cost of treatment with this drug will vary depending on the patient's circumstances, but may be more than \$227,100 each year.

Oral oncology partial fill program

Each fill of Nexavar is limited to a 14 day supply at any network pharmacy. Patients are responsible for applicable deductible and copayments.

Precertification Requirements

Before this drug is covered, the patient must have one of the following conditions:

1. Liver cancer
2. Advanced renal cell carcinoma
3. Metastatic malignant thyroid cancer

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- Liver cancer
- Advanced renal cell carcinoma
- Metastatic malignant thyroid cancer
- Other – the patient’s condition is: _____

Rationale for use: _____

Additional information

Requests for any condition not listed as covered require evidence of current medical literature that substantiates the drug’s efficacy or that recognized oncology organizations generally accept the treatment for the condition.

At the time of this review, the following conditions do not meet the above criteria:

- Non-small cell lung cancer
- Malignant melanoma
- Pancreatic Cancer