PRIOR AUTHORIZATION POLICY

POLICY: Oncology – Sorafenib Prior Authorization Policy
- Nexavar® (sorafenib tablets – Bayer/Onyx, generic)

REVIEW DATE: 06/07/2023

INSTRUCTIONS FOR USE

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CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Sorafenib, a kinase inhibitor, is indicated for the treatment of the following uses:[1]
- **Differentiated thyroid carcinoma**, locally recurrent or metastatic, progressive disease that is refractory to radioactive iodine treatment.
- **Hepatocellular carcinoma** that is unresectable.
- **Renal cell carcinoma** that is advanced.

Guidelines

Sorafenib is discussed in the guidelines from the National Comprehensive Cancer Network (NCCN):[2]
- **Acute Myeloid Leukemia**: NCCN guidelines (version 3.2023 – April 5, 2023) recommend sorafenib + hypomethylating agents (azacitidine or decitabine) for *FLT3*-ITD positive disease for treatment induction or post-induction therapy for patients ≥ 60 years of age and for relapsed/refractory disease (category 2A).[3] Single-agent sorafenib is recommended as maintenance therapy for patients who are post-allogeneic stem cell transplantation, in remission, and have a *FLT3*-ITD mutation (category 2A).
- **Bone Cancer**: NCCN guidelines (version 3.2023 – April 4, 2023) recommend sorafenib as a systemic therapy agent, "useful in certain circumstances", for recurrent chordoma (category 2A).[4] It also recommends sorafenib for osteosarcoma as a second-line therapy for relapsed/refractory or metastatic

disease as a "preferred regimen" (category 2A) and as "other recommended regimens" in combination with everolimus [category 2B].

- **Gastrointestinal Stromal Tumor**: NCCN guidelines (version 1.2023 – March 13, 2023) recommend sorafenib (category 2A) as an additional option, "useful in certain circumstances", after failure on approved therapies.[5] The first-line preferred therapies are imatinib or Ayvakit™ (avapritinib tablets; for patients with *PDGFRA* exon 18 mutation, including the *PDGFRA* D842V mutation); second-line therapy is sunitinib or Sprycel® (dasatinib tablets) [for patients with *PDGFRA* exon 18 mutation that are insensitive to imatinib (including the *PDGFRA* D842V mutation); third-line therapy is Stivarga® (regorafenib tablets); fourth-line therapy is Qinlock® (ripretinib tablets).
- **Hepatocellular Carcinoma**: NCCN guidelines (version 1.2023 – March 10, 2023) recommend sorafenib as a first-line systemic therapy option as "other recommended regimens" for Child-Pugh Class A (category 1) or Child Pugh Class B7 (category 2A) and as a subsequent-line therapy if disease progression for Child Pugh Class A or B7 (category 2A) for unresectable, inoperable, or metastatic hepatocellular carcinoma.[6] The guidelines note that there is limited safety data available for Child-Pugh Class B or C patients, and the dosing is uncertain; this drug should be used with extreme caution in patients with elevated bilirubin levels. The impact of sorafenib on patients potentially eligible for transplant is unknown.
- **Kidney Cancer**: NCCN guidelines (version 4.2023 – January 18, 2023) have removed sorafenib as a treatment option for kidney cancer.[7]
- **Myeloid/Lymphoid Neoplasms with Eosinophilia and Tyrosine Kinase Gene Fusions**: NCCN guidelines (version 1.2023 – May 19, 2023) recommend sorafenib for myeloid/lymphoid neoplasms with *FLT3* rearrangements (category 2A).[8]
- **Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer**: NCCN guidelines (version 2.2023 – June 2, 2023) recommend sorafenib + topotecan (category 2A) as other recommended regimen option as recurrence therapy for platinum-resistant disease.[9]
- **Soft Tissue Sarcoma**: NCCN guidelines (version 2.2023 – April 25, 2023) recommend sorafenib as single-agent therapy under "useful in certain circumstances" for angiosarcoma (category 2A); sorafenib as a "preferred" single-agent regimen for desmoid tumors (aggressive fibromatosis) (category 1) and for solitary fibrous tumor (category 2A).[10]
- **Thyroid Carcinoma**: NCCN guidelines (version 2.2023 – May 18, 2023) for differentiated thyroid carcinoma recommend sorafenib as "other recommended regimens" for progressive and/or symptomatic disease for locally recurrent, advanced, and/or metastatic disease not amenable to radioactive iodine therapy (category 1).[11] Sorafenib can be considered for treatment of progressive or symptomatic medullary thyroid disease if clinical trials or preferred systemic therapy options are not available or appropriate, or if there is progression on preferred systemic therapy options.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of sorafenib. All approvals are provided for the duration noted below.

Nexavar® (sorafenib tablets (Bayer/Onyx, generic) is(are) covered as medically necessary when the following criteria is(are) met for FDA approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indications

1. **Hepatocellular Cancer.** Approve for 1 year if the patient meets the following criteria (A and B):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient has unresectable or metastatic disease.

2. **Renal Cell Cancer.** Approve for 1 year if the patient meets the following criteria (A, B, C, and D):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient has relapsed or advanced disease; AND
   - **C)** Patient has clear cell histology AND
   - **D)** Patient has tried at least one systemic therapy.
     Note: Examples of systemic therapy include Inlyta (axitinib tablets), Votrient (pazopanib tablets), sunitinib, Cabometyx (cabozantinib tablets).

3. **Thyroid Carcinoma, Differentiated.** Approve for 1 year if the patient meets the following criteria (A, B, and C):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient has differentiated thyroid carcinoma; AND
     Note: Examples of differentiated thyroid carcinoma include papillary, follicular, and oncocytic carcinoma (formerly Hürthle cell carcinoma).
   - **C)** The disease is refractory to radioactive iodine therapy.

Other Uses with Supportive Evidence

4. **Acute Myeloid Leukemia.** Approve for 1 year if the patient meets the following criteria (A, B, and C):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient has *FLT3*-ITD mutation-positive disease as detected by an approved test; AND
   - **C)** Patient meets one of the following criteria (i or ii):
     - **i.** This medication is used in combination with azacitidine or decitabine; OR
     - **ii.** Patient has had an allogeneic stem cell transplant and is in remission.

5. **Bone Cancer.** Approve for 1 year if the patient meets the following criteria (A and B):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient meets ONE of the following criteria (i or ii):
     - **i.** Patient has recurrent chordoma; OR
     - **ii.** Patient meets both of the following criteria (a and b):
       - **a)** Patient has osteosarcoma; AND

b) Patient has tried one systemic chemotherapy regimen.
Note: Examples of a systemic chemotherapy regimen contain one of more of the following products: cisplastin, doxorubicin, methotrexate, or ifosfamide.

6. **Gastrointestinal Stromal Tumor.** Approve for 1 year if the patient meets the following criteria (A and B):
   A) Patient is ≥ 18 years of age; AND
   B) Patient has previously tried each of the following (i, ii, iii, and iv):
      i. One of imatinib or Ayvakit (avapritinib tablets); AND
      ii. One of sunitinib or Sprycel (dasatinib tablets); AND
      iii. Stivarga (regorafenib tablets); AND
      iv. Qinlock (ripretinib tablets).

7. **Myeloid/Lymphoid Neoplasms with Eosinophilia.** Approve for 1 year if the patient meets the following criteria (A and B):
   A) Patient is ≥ 18 years of age; AND
   B) The tumor has an *FLT3* rearrangement.

8. **Ovarian, Fallopian Tube, Primary Peritoneal Cancer**. Approve for 1 year if the patient meets the following criteria (A, B, and C):
   A) Patient is ≥ 18 years of age; AND
   B) Patient has platinum-resistant disease; AND
   C) Sorafenib is used in combination with topotecan.

9. **Soft Tissue Sarcoma.** Approve for 1 year if the patient meets the following criteria (A and B):
   A) Patient is ≥ 18 years of age; AND
   B) Patient has ONE of the following diagnoses (i, ii, or iii):
      i. Angiosarcoma; OR
      ii. Desmoid tumors (aggressive fibromatosis); OR
      iii. Solitary Fibrous Tumor/Hemangiopericytoma.

10. **Thyroid Carcinoma, Medullary.** Approve for 1 year if the patient meets the following criteria (A and B):
    A) Patient is ≥ 18 years of age; AND
    B) Patient has tried at least one systemic therapy.
    Note: Examples of systemic therapy include: Caprelsa (vandetanib tablets), Cometriq (cabozantinib capsules), Retevmo (selpercatinib capsules), and Gavreto (pralsetinib capsules).

CONDITIONS NOT COVERED

Nexavar® (sorafenib tablets (Bayer/Onyx, generic) is(are) considered experimental, investigational or unproven for ANY other use(s).

REFERENCES

1. Sorafenib® tablets [prescribing information]. Wayne, NJ: Bayer; July 2022.

2. The NCCN Drugs and Biologics Compendium. © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed June 05, 2023. Search term: sorafenib
3. The NCCN Acute Myeloid Leukemia Clinical Practice Guidelines in Oncology (version 3.2023 – April 5, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed June 6, 2023.
4. The NCCN Bone Cancer Clinical Practice Guidelines in Oncology (version 3.2023 – April 4, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed June 6, 2023.
5. The NCCN Gastrointestinal Stromal Tumor (GIST) Clinical Practice Guidelines in Oncology (version 1.20232 – March 13, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed June 6, 2023.
6. The NCCN Hepatocellular Carcinoma Clinical Practice Guidelines in Oncology (version 1.2023 – March 10, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed June 6, 2023.
7. The NCCN Kidney Cancer Clinical Practice Guidelines in Oncology (version 4.2023 – January 18, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed June 6, 2023.
8. The NCCN Myeloid/Lymphoid Neoplasms with Eosinophilia and Tyrosine Kinase Gene Fusions Clinical Practice Guidelines in Oncology (version 1.2023 – May 19, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed June 6, 2023.
9. The NCCN Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer Clinical Practice Guidelines in Oncology (version 2.2023 – June 2, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed June 6, 2023.
10. The NCCN Soft Tissue Sarcoma Clinical Practice Guidelines in Oncology (version 2.2023 – April 25, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed June 6, 2023.
11. The NCCN Thyroid Carcinoma Clinical Practice Guidelines in Oncology (version 2.2023 – May 18, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed June 6, 2023.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	**Hepatocellular Cancer:** The duration of approval was changed from 3 years to 1 year. **Renal Cell Cancer:** The duration of approval was changed from 3 years to 1 year. **Thyroid Carcinoma, Differentiated:** The duration of approval was changed from 3 years to 1 year. **Acute Myeloid Leukemia:** The duration of approval was changed from 3 years to 1 year. An option was added for a patient who has had an allogeneic stem cell transplant and is in remission. **Bone Cancer:** The duration of approval was changed from 3 years to 1 year. **Gastrointestinal Stromal Tumor:** The duration of approval was changed from 3 years to 1 year. An option of trial of Sprycel (dasatinib tablets) was added to trial of Sutent (sunitinib capsules). **Myeloid/Lymphoid Neoplasms with Eosinophilia:** The duration of approval was changed from 3 years to 1 year. **Ovarian, Fallopian Tube, Primary Peritoneal Cancer:** The duration of approval was changed from 3 years to 1 year. **Soft Tissue Sarcoma:** The duration of approval was changed from 3 years to 1 year. **Thyroid Carcinoma, Medullary:** The duration of approval was changed from 3 years to 1 year.	06/22/2022
Update	**7/7/2022**: Nexavar is available as a generic, changed filename from Nexavar Prior Authorization Policy to Sorafenib Prior Authorization Policy .	--

Annual Revision	Throughout the policy changed Nexavar to sorafenib due to generic availability. **Thyroid Carcinoma, Differentiated:** For examples of thyroid carcinoma, changed Hürthle cell carcinoma name to "oncocytic carcinoma (formerly Hürthle cell carcinoma)" based on guideline changes.	06/07/2023