



**GEORGIA MEDICAID FEE-FOR-SERVICE  
NEXAVAR PA SUMMARY**

Preferred	Non-Preferred
Nexavar (sorafenib)	N/A

**LENGTH OF AUTHORIZATION:** 1 year

**NOTE:** Special consideration given for members who have stage IV advanced metastatic cancer.

**PA CRITERIA:**

- ❖ Approvable for members with a diagnosis of locally recurrent, advanced or metastatic differentiated thyroid carcinoma (DTC) that is progressive or symptomatic and refractory to radioactive iodine (RAI) therapy.
- ❖ Approvable for members with a diagnosis of recurrent or persistent, unresectable medullary thyroid carcinoma (MTC) who have experienced disease progression on vandetanib (Caprelsa) or cabozantinib (Cometriq), or who are not candidates for vandetanib or cabozantinib therapy.
- ❖ Approvable for members with a diagnosis of anaplastic thyroid carcinoma.
- ❖ Approvable for members with a diagnosis of relapsed, advanced or stage IV renal cell carcinoma (RCC, kidney cancer) with clear cell histology who have received at least one prior systemic therapy.
- ❖ Approvable for members with a diagnosis of unresectable hepatocellular carcinoma (HCC, liver cancer).
- ❖ Approvable for members with a diagnosis of gastrointestinal stromal tumor (GIST) who have experienced disease progression after imatinib (Gleevec), sunitinib (Sutent) and regorafenib (Stivarga).
- ❖ Approvable for members with a diagnosis of desmoid tumors (aggressive fibromatosis), angiosarcoma, solitary fibrous tumor or hemangiopericytoma.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.



**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.