blue of california

sorafenib (NEXAVAR)

Diagnoses Considered for Coverage:

- Acute myeloid leukemia (AML)
- Advanced differentiated thyroid gland carcinoma - follicular, papillary, and Hurthle type
- Advanced medullary thyroid gland carcinoma
- Angiosarcoma (soft tissue sarcoma subtype)
- Chordoma
- Desmoid tumor (soft tissue sarcoma subtype)
- Gastrointestinal Stromal Tumor (GIST)
- Hepatocellular carcinoma
- Myeloid, lymphoid, or mixed lineage neoplasms with eosinophilia and FLT3 rearrangement
- Osteosarcoma
- Ovarian cancer
- Solitary fibrous tumor (soft tissue sarcoma subtype)

Coverage Criteria:

1. **For diagnosis of advanced renal cell carcinoma:**
   - Dose does not exceed 800 mg per day.

2. **For diagnosis of hepatocellular carcinoma:**
   - Being used as a single agent, **and**
   - Dose does not exceed 800 mg per day.

3. **For diagnosis of acute myeloid leukemia (AML):**
   - Provider attestation disease is FLT3-ITD mutation positive, **and**
   - One of the following:
     - Being used as single agent for maintenance therapy post allogeneic stem cell transplantation, or
     - Being used in combination with azacitadine or decitabine, **and**
   - Dose does not exceed 800 mg per day.

4. **For diagnosis of thyroid carcinoma:**
   - Dose does not exceed 800 mg per day, **and**
   - Being used as a single agent, **and**
   - Meets one of the following:
     - *For medullary disease (a or b):*

a. Inadequate response, intolerable side effect, or contraindication to Caprelsa (vandetanib) or Cometriq (cabozantinib), **or**
b. For RET mutation positive disease inadequate response, intolerable side effect or contraindication to Retevmo (selpercatinib) or Gavreto (pralsetinib),

OR

- Being used for advanced differentiated (follicular, papillary, and Hurthle type) disease

5. **For diagnosis of gastrointestinal stromal tumor (GIST):**
   - Being used as subsequent therapy after disease progression with all of the following:
     - imatinib (Gleevec)
     - Sutent (sunitinib),
     - Stivarga (regorafenib),
     - Qinlock (ripretinib),

     and
   - Being used as a single agent, **and**
   - Dose does not exceed 800 mg per day.

6. **For diagnosis of ovarian, fallopian tube, and primary peritoneal cancer:**
   - Disease is relapsed, persistent, or recurrent, **and**
   - Being used in combination with topotecan, **and**
   - Patient has already received a platinum-containing therapy (carboplatin or cisplatin), **and**
   - Dose does not exceed 800 mg per day.

7. **For diagnosis of angiosarcoma, chordoma, desmoid tumor, and solitary fibrous tumor:**
   - Being used as a single agent, **and**
   - Dose does not exceed 800 mg per day.

8. **For diagnosis of myeloid, lymphoid, or mixed lineage neoplasms:**
   - Provider attestation of eosinophilia, and
   - Provider attestation of FLT3 rearrangement, and
   - Dose does not exceed 800 mg per day

9. **For diagnosis of osteosarcoma:**
   - Being used for second line therapy, **and**

- Being used as a single agent, **and**
- Dose does not exceed 800 mg per day.

Coverage Duration: one year

Effective Date: 2/28/2024