OPTIMA HEALTH PLAN

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: ***The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; fax to 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. Incomplete form will delay authorization process.***

Drug Requested: **Nexavar**® (sorafenib)

DRUG INFORMATION: Complete information below. If incomplete, authorization process will be delayed.

Drug Form/Strength: ______________________________

Dosing Schedule: ______________________ **Length of Therapy:** ______________

Diagnosis: ______________________ ***ICD Code, if applicable***: ______________

CLINICAL CRITERIA: Check ALL that apply. Boxes must be checked to qualify. If not checked, authorization process will be delayed.

- ❑ Patient has a diagnosis of advance renal cell carcinoma.

OR

- ❑ Patient has a diagnosis of unresectable hepatocellular carcinoma.

OR

- ❑ Patient has a diagnosis of differentiated thyroid carcinoma.

AND

  - ❑ Unresectable tumor
  - ❑ Not responsive to radioiodine therapy
  - ❑ Not amenable to external beam RT
  - ❑ Metastatic disease progression

***Medication being provided by* a *Specialty Pharmacy*:** ❑ **PropriumRx**

*****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.*****

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.

Patient Name: ______________________________

Member Optima #: ______________________ Date of Birth: ______________

Prescriber Name: ______________________________

Prescriber Signature: ______________________ Date: ______________

Office Contact Name: ______________________________

Phone Number: ______________________ Fax Number: ______________

DEA OR NPI #: ______________________________

***Approved by Pharmacy and Therapeutics Committee:** 1/17/2008
REVISED/UPDATED: 6/10/2011; 8/22/2011; 4/9/2014; 5/7/2014; 8/13/2014; 9/24/2014; 11/6/2014; 5/22/2015; 12/28/2015; 9/22/2016; 12/11/2016; **7/27/2017**