

Prior Authorization

AETNA BETTER HEALTH OF ILLINOIS MEDICAID

Nexavar (IL88)

This fax machine is located in a secure location as required by HIPAA regulations. Complete/review information, sign and date. Fax signed forms to Aetna Better Health Illinois Medicaid at 1-855-684-5250. Please contact Aetna Better Health Illinois Medicaid at 1-866-212-2851 with questions regarding the Prior Authorization process.

When conditions are met, we will authorize the coverage of Nexavar (IL88).

Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Drug Name (select from list of drugs shown)

Nexavar (sorafenib)

Other, Please specify

Quantity _____

Frequency _____

Strength _____

Route of Administration _____

Expected Length of therapy _____

Patient Information

Patient Name: _____

Patient ID: _____

Patient Group No.: _____

Patient DOB: _____

Patient Phone: _____

Prescribing Physician

Physician Name: _____

Specialty: _____

NPI Number: _____

Physician Fax: _____

Physician Phone: _____

Physician Address: _____

City, State, Zip: _____

Diagnosis: _____ ICD Code: _____

Please circle the appropriate answer for each question.

- 1. Has this plan authorized this medication in the past for this patient (i.e., previous authorization is on file under this plan)? Y N

[If no, skip to question 3.]

- 2. Does the patient have stable disease (tumor size within 25% of baseline)? Y N

*Note: Discontinuation is appropriate when there is evidence of disease progression.

[No further questions.]

Y N

3. Does the patient have a diagnosis of one of the following?

Advanced (unresectable or metastatic) renal cell carcinoma, or \ Unresectable hepatocellular carcinoma, or \ Locally recurrent or metastatic, progressive, differentiated thyroid carcinoma (DTC) refractory to radioactive iodine treatment.

[If no, no further questions.]

4. Does the patient have any advanced cardiac conditions? Y N

Comments:

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature

Date