

## Pre - PA Allowance

None

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## Prior-Approval Requirements

**Age** 18 years of age or older

### Diagnoses

Patients must have **ONE** of the following:

1. Advanced renal cell carcinoma (RCC)
2. Unresectable hepatocellular carcinoma (HCC)
3. Differentiated thyroid carcinoma (DTC)
  - a. Locally recurrent or metastatic
  - b. Refractory to radioactive iodine treatment
4. Osteosarcoma
5. Angiosarcoma
6. Desmoid Tumors / Aggressive Fibromatosis
7. Gastrointestinal Stromal Tumor (GIST)
  - a. Prior therapy with imatinib, sunitinib or regorafenib

**AND ALL** of the following:

1. Absence of significant or unstable cardiac disease
2. Monitor electrolytes and electrocardiograms on regular basis

## Prior - Approval Limits

<b>Quantity</b>	200 mg tablets	360 tablets per 90 days
<b>Duration</b>	12 months	

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## Prior – Approval *Renewal* Requirements

**Age** 18 years of age or older

### Diagnoses

Patients must have **ONE** of the following:

1. Advanced renal cell carcinoma (RCC)
2. Unresectable hepatocellular carcinoma (HCC)
3. Differentiated Thyroid carcinoma (DTC)
4. Osteosarcoma
5. Angiosarcoma
6. Desmoid Tumors / Aggressive Fibromatosis
7. Gastrointestinal Stromal Tumor (GIST)

**AND ALL** of the following:

1. Absence of significant or unstable cardiac disease
2. Monitor electrolytes and electrocardiograms on regular basis
3. **NO** disease progression or unacceptable toxicity

## **Prior - Approval *Renewal* Limits**

Same as above