SUTENT (sunitinib)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

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

- 1. Gastrointestinal stromal tumor (GIST)
 - a. After disease progression on imatinib mesylate (Gleevec) OR intolerant to imatinib mesylate (Gleevec)
- 2. Renal cell carcinoma (RCC) with **ONE** of the following:
 - a. Relapsed or unresectable
 - b. Adjuvant treatment for patients with high risk of recurrent RCC following nephrectomy
- 3. Neuroendocrine tumors
 - a. Unresectable or metastatic disease
- 4. Soft tissue sarcoma with **ONE** of the following subtypes:
 - a. Angiosarcoma
 - b. Solitary fibrous tumor
 - c. Hemangiopericytoma
 - d. Alveolar Soft Part Sarcoma (ASPS)
- 5. Papillary, Hurthle Cell, or Follicular thyroid carcinoma
 - a. Unresectable or metastatic disease
- 6. Medullary thyroid carcinoma
 - a. Progressive or symptomatic distant metastatic disease
- 7. Thymic carcinoma
- 8. Recurrent chordoma

AND ALL of the following for **ALL** indications:

- 1. Prescriber agrees to monitor ALT, AST, and bilirubin tests before initiation of therapy, every cycle, and as clinically indicated
- 2. **Brand Sutent only:** Patient **MUST** have tried the preferred product (generic Sutent: sunitinib) unless the patient has a valid medical



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exception (e.g., inadequate treatment response, intolerance, contraindication)

Prior - Approval Limits

Quantity

Strength	Quantity
12.5 mg	84 capsules per 84 days OR
25 mg	84 capsules per 84 days OR
37.5 mg	84 capsules per 84 days OR
50 mg	84 capsules per 84 days

Maximum daily limit: 87.5 mg

Duration 12 months

Prior - Approval Renewal Requirements

Age 18 years of age or older

Diagnoses

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

- 1. Gastrointestinal stromal tumor (GIST)
- 2. Renal cell carcinoma (RCC)
- 3. Neuroendocrine tumors
- 4. Soft tissue sarcoma with **ONE** of the following subtypes:
 - a. Angiosarcoma
 - b. Solitary fibrous tumor
 - c. Hemangiopericytoma
 - d. Alveolar Soft Part Sarcoma (ASPS)
- 5. Papillary, Hurthle Cell, or Follicular thyroid carcinoma
- 6. Medullary thyroid carcinoma
- 7. Thymic carcinoma
- 8. Chordoma

AND ALL of the following for ALL indications:

- a. **NO** severe hepatic impairment (Child-Pugh Class C)
- b. NO disease progression or unacceptable toxicity
- c. **Brand Sutent only:** Patient **MUST** have tried the preferred product (generic Sutent: sunitinib) unless the patient has a valid medical exception (e.g.,

^{*} Only 2 strengths are allowed in combination to accommodate noncommercially available products

^{**}Utilizing the highest strengths available to achieve the dosage is recommended to minimize dosing errors and improve compliance



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inadequate treatment response, intolerance, contraindication)

Prior - Approval Renewal Limits

Same as above