

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

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

1. Advanced Renal Cell Carcinoma (RCC)
2. Advanced Soft Tissue Sarcoma (STS)
 - a. Inadequate treatment response with at least one previous chemotherapy regimen
3. Metastatic Dermatofibrosarcoma Protuberans (DFSP)
4. Recurrent Ovarian Cancer Stage II-IV (Epithelial Ovarian Cancer; Fallopian Tube Cancer; or Primary Peritoneal Cancer)
 - a. Complete remission following primary treatment
5. Gastrointestinal Stromal Tumor
 - a. Inadequate treatment with imatinib, sunitinib, or regorafenib
6. Recurrent or metastatic Thyroid Carcinoma
AND ONE of the following:
 - a. Follicular carcinoma
 - b. Hürthle cell carcinoma
 - c. Papillary carcinoma
 - d. Medullary carcinoma
 - i. Inadequate response or contraindication to vandetanib or cabozantinib
7. Uterine Sarcoma
AND ONE of the following:
 - a. Stage II, III, or IV
 - b. Stage I and the disease is medically inoperable

AND the following:

- a. **NO** severe hepatic impairment
 - i. Bilirubin levels less than 3 times ULN
 - ii. Agreement to monitor transaminase and bilirubin levels at least twice per month for the first 3 months and then periodically thereafter.

Prior - Approval Limits

Quantity 200 mg 360 tablets per 90 days

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

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

1. Advanced Renal Cell Carcinoma (RCC)
2. Advanced Soft Tissue Sarcoma (STS)
3. Metastatic Dermatofibrosarcoma Protuberans (DFSP)
4. Ovarian Cancer
5. Gastrointestinal Stromal Tumor
6. Recurrent or metastatic Thyroid Carcinoma
7. Uterine Sarcoma

AND NONE of the following:

- a. Severe hepatic impairment
 - i. Bilirubin levels less than 3 times ULN
- b. Disease progression or unacceptable toxicity

Prior - Approval *Renewal* Limits

Same as above