



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

SUNITINIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
SUNITINIB MALATE	SUTENT, SUNITINIB MALATE	33445		GPI-10 (2153307030)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of advanced renal cell carcinoma (RCC) **AND** meet the following criterion?

- The patient is 18 years of age or older

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.**
If no, continue to #2.

2. Does the patient have a diagnosis of gastrointestinal stromal tumor (GIST) and meet **ALL** of the following criteria?

- The patient is 18 years of age or older
- The patient had a trial of or contraindication to imatinib mesylate (Gleevec)

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.**
If no, continue to #3.

3. Does the patient have a diagnosis of unresectable locally advanced or metastatic pancreatic neuroendocrine carcinoma (pNET) and meet **ALL** of the following criteria?

- The patient is 18 years of age or older
- The patient's tumor is progressive and well-differentiated

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.**
If no, continue to #4.

4. Is the request for adjuvant treatment of renal cell carcinoma and meet **ALL** of the following criteria?

- The patient is 18 years of age or older
- The patient is at high risk of recurrent renal cell carcinoma (RCC) following nephrectomy

If yes, **approve for 12 months by HICL or GPI-10, with a quantity limit of #1 per day.**
If no, do not approve.

DENIAL TEXT: See denial text at the end of the guideline.

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GUIDELINES FOR USE (CONTINUED)

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **SUNITINIB (Sutent)** requires the following rule(s) be met for approval:

- A. The requested medication is being used for ONE of the following:
 1. Advanced renal cell carcinoma (RCC: type of kidney cancer)
 2. Gastrointestinal stromal tumor (GIST: type of growth in the digestive system)
 3. Unresectable locally advanced or metastatic pancreatic neuroendocrine carcinoma (pNET: type of pancreas cancer)
 4. Adjuvant (add-on) treatment of renal cell carcinoma.
- B. **If you have advanced renal cell carcinoma (RCC), approval also requires:**
 1. You are 18 years of age or older
- C. **If you have gastrointestinal stromal tumor (GIST), approval also requires:**
 1. You are 18 years of age or older
 2. You had a trial of imatinib mesylate (Gleevec), unless there is a medical reason why you cannot (contraindication)
- D. **If you have unresectable locally advanced or metastatic pancreatic neuroendocrine carcinoma (pNET), approval also requires:**
 1. You are 18 years of age or older
 2. Your tumor is progressive (getting worse) and well-differentiated
- E. **If the request is for adjuvant treatment of renal cell carcinoma, approval also requires:**
 1. You are 18 years of age or older
 2. You are at high risk of recurrent renal cell carcinoma (RCC) following nephrectomy (surgical removal of kidney)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Sutent.

REFERENCES

- Sutent [Prescriber Information]. New York, NY. Pfizer, Inc. August 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 09/06/21

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