	Market Applicability														
	Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	КҮ	MD	NJ	NV	NY	TN	TX	WA
ſ	Applicable	Χ	Х	NA	NA	Х	NA	Х	Х	Χ	Х	Х	NA	NA	Χ

^{*}FHK- Florida Healthy Kids

Sutent (sunitinib)

Override(s)	Approval Duration
Prior Authorization	1 year
Quantity Limit	

Medications	Quantity Limit
Sutent (sunitinib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Sutent (sunitinib) may be approved if the following criteria are met:

- Individual has a diagnosis of Advanced Renal cell carcinoma (RCC) or Kidney Cancer;
 AND
- Individual is receiving as adjuvant treatment in adults at high risk of recurrent RCC following nephrectomy;

OR

- III. Individual has a diagnosis of Bone cancer; AND
- IV. Individual is using as monotherapy for the treatment of recurrent chordoma (NCCN 2A);

OR

- V. Individual has a diagnosis of Neuroendocrine Tumors; AND
- VI. Individual has unresectable, locally advanced, or metastatic disease; AND
- VII. Individual is receiving for the treatment of progressive, well-differentiated pancreatic neuroendocrine tumors:

OR

- VIII. Individual has a diagnosis of Soft Tissue Sarcoma; AND
 - A. Individual is receiving for the treatment of limited or progressive Gastrointestinal Stromal Tumor (GIST) disease, following progression on or intolerance to imatinib; **OR**
 - B. Individual is receiving for primary GIST treatment with life-threatening disease progression on or after intolerance to imatinib mesylate AND any of the following types of disease: localized, resectable disease with high risk of morbidity, unresectable disease, recurrent disease or metastatic disease (NCCN 2A); **OR**
 - C. Individual is receiving for post-operative treatment of GIST for those who have lifethreatening side effects on imatinib therapy;

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

	Market Applicability													
Market	DC	FL &	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
		FHK												
Applicable	Χ	Х	NA	NA	Х	NA	Х	Х	Χ	Χ	Х	NA	NA	Χ

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AND

- 1. Completed resection of primary GIST(NCCN 2A); OR
- 2. Has persistent gross residual disease (NCCN 2A);

OR

- D. Individual is receiving in combination with everolimus for GIST progression after monotherapy with imatinib, sunitinib, and regorafenib (NCCN 2A); **OR**
- E. Individual is receiving for Angiosarcoma as monotherapy (NCCN 2A); OR
- F. Individual is receiving for Solitary Fibrous Tumor/Hemangiopericytoma as monotherapy (NCCN 2A);

OR

- IX. Individual has a diagnosis of papillary, follicular, or Hürthle Cell Thyroid Carcinoma (NCCN 2A); **AND**
- X. Individual has either, unresectable, recurrent, persistent or metastatic disease (NCCN 2A); **AND**
- XI. Individual has progressive and/or symptomatic disease that is iodine-refractory (NCCN 2A); **AND**
- XII. Clinical trials or other systemic therapies are not available or appropriate (NCCN 2A);

OR

- XIII. Individual has a diagnosis of Medullary Thyroid Carcinoma; AND
- XIV. Individual is receiving in the treatment of progressive or symptomatic distant metastases if clinical trials, vandetanib, or cabozantinib are not available or appropriate OR if there is progression on vandetanib or cabozantinib (NCCN 2A);

OR

- XV. Thymomas and Thymic Carcinoma (NCCN 2A); AND
- XVI. Individual is using as a single agent for second-line therapy (NCCN 2A).

Note: Sutent (sunitinib) has a black box warning for hepatotoxicity. Hepatotoxicity may be severe, with deaths reported, and has been observed in clinical trials and post-marketing experience.

State Specific Mandates										
State name N/A	Date effective N/A	Mandate details (including specific bill if applicable) N/A								

Key References:

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

	Market Applicability													
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	КҮ	MD	NJ	NV	NY	TN	TX	WA
Applicable	Х	Х	NA	NA	Х	NA	Х	Х	Х	Х	Χ	NA	NA	Х

^{*}FHK- Florida Healthy Kids

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The NCCN Drugs & Biologics Compendium (NCCN Compendium™) © 2018 National Comprehensive Cancer Network, Inc. Available at: NCCN.org. Updated periodically.