

Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: Commercial (Traditional) Commercial (Individual/Optimized)

Medicaid

This request is: Urgent (life threatening) Non-Urgent (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Sutent[®] (sunitinib)

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____

Provider Address: _____

Provider NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____

Product Information

New Request Continuation Request

Drug product: Sutent 12.5 mg capsule
 Sutent 25 mg capsule
 Sutent 37.5 mg capsule
 Sutent 50 mg capsule

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

Oral oncology partial fill program

Each fill of Sutent is limited to a 14 day supply at any network pharmacy. Patients are responsible for applicable deductible and copayments.

Drug cost information

The cost of treatment with this drug will vary depending on the patient's circumstances, but may be more than \$127,200 each year.

Precertification Requirements

Patient must have one of the following diagnoses (any any additional criteria for that condition):

1. Advanced renal cell carcinoma
2. Pancreatic neuroendocrine tumor
3. Gastrointestinal stromal tumor after a trial with Gleevec

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- Advanced renal cell carcinoma
- Pancreatic neuroendocrine tumor
- Gastrointestinal stromal tumor

Did the patient first try Gleevec?

Yes

No – rationale for use: _____

Additional information

Requests for any condition not listed as covered require evidence of current medical literature that substantiates the drug's efficacy or that recognized oncology organizations generally accept the treatment for the condition. At the time of this review, the following conditions do not meet these criteria:

- Metastatic breast cancer
- Non-small cell lung cancer