

## Priority Health Medicare Prior Authorization Criteria (Part D)

### Sutent®

#### Products affected

- Sutent®

#### Details

<b>Covered uses</b>	All medically accepted indications not otherwise excluded from Part D.
<b>Exclusion criteria</b>	N/A
<b>Required medical information</b>	N/A
<b>Age restrictions</b>	N/A
<b>Prescriber restrictions</b>	N/A
<b>Coverage duration</b>	Authorized for one year.
<b>Other criteria</b>	For diagnosis of gastrointestinal stromal tumor, patient must have a trial with Gleevec (imatinib mesylate).