Government Health Plan (GHP) of Puerto Rico

Authorization Criteria – Sunitinib (Sutent)
Managed by MCO

Section I. Prior Authorization Criteria

A. Prescriber restriction: hematologist / oncologist

B. Physician must document the diagnosis on the prescription:

1. Gastrointestinal stromal tumor (GIST) after disease progression on or intolerance to imatinib mesylate. (ICD-10: D48.1)
2. Advanced Renal Cell Carcinoma (RCC) (ICD-10: C64.9)
3. Progressive, well-differentiated pancreatic neuroendocrine tumors (pNET) in patients with unresectable locally advanced or metastatic disease. (ICD-10: C25.4)

C. Physician must document the following:

1. Gastrointestinal Stromal Tumor (GIST)
   a. Document one of the following: disease progression on imatinib mesylate or intolerance to imatinib mesylate
2. Pancreatic Neuroendocrine Tumor (pNET)
   a. Locally advanced or metastasic disease progression

Section II. References

1. Sutent [Product information]. Pfizer Labs. New York. April 2015.

Section III. Review Log

Approved:	January 29, 2009
Revised:	September 27, 2012
Revised:	November 21, 2013
Revised:	January 28, 2016
Revised:	May 25, 2017

GPI	GPI NAME
21533070300120	SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)
21533070300130	SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT)
21533070300135	SUNITINIB MALATE CAP 37.5 MG (BASE EQUIVALENT)
21533070300140	SUNITINIB MALATE CAP 50 MG (BASE EQUIVALENT)

NDC	NDC NAME