PREFERRED SPECIALTY MANAGEMENT POLICY

POLICY: Oncology – Sunitinib Preferred Specialty Management Policy
- Sutent® (sunitinib malate capsules – Pfizer, generic)

REVIEW DATE: 01/18/2023

OVERVIEW

Sunitinib, a kinase inhibitor, is indicated in adults for the following uses:[1]

- **Gastrointestinal stromal tumor (GIST)**, after disease progression on or intolerance to imatinib mesylate.
- **Pancreatic neuroendocrine tumors**, that is progressive and well-differentiated in patients with unresectable locally advanced or metastatic disease.
- **Renal cell carcinoma,** advanced.
- **Renal cell carcinoma,** adjuvant treatment of patients at high risk of recurrent renal cell carcinoma following nephrectomy.

POLICY STATEMENT

This Preferred Specialty Management program has been developed to encourage the use of the Preferred Product. For all medications (Preferred and Non-Preferred), the patient is required to meet the standard *Oncology – Sunitinib Prior Authorization Policy* criteria. The program also directs the patient to try the Preferred Product prior to the approval of a Non-Preferred Product. Requests for Non-Preferred Products will also be reviewed using the exception criteria (below). If the patient meets the standard *Oncology – Sunitinib Prior Authorization Policy* criteria but has not tried a Preferred Product, approval for a Preferred Product will be authorized. All approvals are provided for 1 year.

Documentation: Documentation is required for use of Sutent as noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, prescription receipts, and/or other information.

Automation: None.

Preferred Products: generic sunitinib capsules
Non-Preferred Products: Sutent

RECOMMENDED EXCEPTION CRITERIA

Non-Preferred Product	Exception Criteria
Sutent	**1.** Approve for 1 year if the patient meets ALL of the following (A, B, and C): **A)** Patient meets the standard *Oncology – Sunitinib Prior Authorization Policy* criteria; AND **B)** Patient has tried generic sunitinib capsules **[documentation required]**; AND **C)** Patient cannot take sunitinib due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the brand and bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction **[documentation required]**. **2.** If the patient has met the standard *Oncology – Sunitinib Prior Authorization Policy* criteria (1A), but has not met exception criteria (1B) and/or (1C) above for brand Sutent: approve generic sunitinib capsules.

REFERENCES

1. Sutent® capsules [prescribing information]. New York, NY: Pfizer; August 2021.