Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

SUTENT (sunitinib)

GPI CODING:

215330703001**

DESCRIPTION:

Sutent is an oral multiple tyrosine kinase inhibitor indicated for the treatment of renal cell carcinoma and for the treatment of gastrointestinal stromal tumor after disease progression or intolerance to prior Gleevec (imatinib) therapy.

APPROVAL DURATION:

Approval duration: 1 year

CRITERIA FOR SUTENT

I. The treatment of gastrointestinal stromal tumor (GIST) after disease progression on imatinib mesylate **OR**
II. The treatment of GIST after intolerance to imatinib mesylate **OR**
III. The treatment of advanced renal cell carcinoma **OR**
IV. Off label uses for oncology drugs if considered medically acceptable in one or more of the following compendia (i.e., Micromedex DrugDex, AHFS, Clinical Pharmacology, and NCCN.) A use is identified by a compendium as medically accepted if the:
   A. Indication is a Category 1 or 2A in NCCN,
   B. Indication is a Class I, Class IIa or Class IIb in DrugDex,
   C. Narrative text in AHFS or Clinical Pharmacology is supportive; or
   D. The use is supported by clinical research in 2 or more peer-reviewed medical journals