VENTURA COUNTY
HEALTH CARE PLAN

# CARE VALUE POLICY

**POLICY:** Oncology – Sunitinib Care Value Policy
- Sutent® (sunitinib malate capsules – Pfizer, generic)

**REVIEW DATE:** 01/18/2023

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## 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 Care Value program has been developed to encourage the use of the Preferred Product. For the Non-Preferred product, 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). All approvals are provided for 1 year duration.

**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):<br>**A)** Patient meets the standard *Oncology – Sunitinib Prior Authorization Policy* criteria; AND<br>**B)** Patient has tried generic sunitinib capsules **[documentation required]**; AND<br>**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 the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction **[documentation required]**. |

## REFERENCES

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

## HISTORY

| Type of Revision | Summary of Changes | Review Date |
|---|---|---|
| New Policy | -- | 01/18/2023 |