

**PREAUTHORIZATION FORM**  
**Sutent™**  
 (sunitinib)

**Therapeutic use:** Treatment of gastrointestinal stromal tumors (GIST), advanced renal cell carcinoma (RCC), and progressive, well-differentiated pancreatic neuroendocrine tumors (pNET)

**Quantity Limit:** GIST and RCC: 50 mg daily  
 pNET: 37.5mg daily (3 x12.5mg tablets daily)

**Authorization Period:** 12 months

Patient's name \_\_\_\_\_

Patient's ID# [ ][ ][ ][ ][ ][ ][ ][ ][ ] DOB [ ][ ] / [ ][ ] / [ ][ ][ ][ ][ ]

ICD-9 [ ][ ][ ][ ][ ][ ][ ][ ][ ] \_\_\_\_\_

Physician's name \_\_\_\_\_

Physician's Ph# ( [ ][ ][ ][ ] ) [ ][ ][ ][ ][ ] - [ ][ ][ ][ ][ ] Fax# [ ][ ][ ][ ] - [ ][ ][ ][ ][ ]

Physician's signature \_\_\_\_\_ Date signed [ ][ ] / [ ][ ] / [ ][ ][ ][ ][ ]

Supervising Physician's name \_\_\_\_\_ (Required if requesting provider is a nurse practitioner or physician assistant)

Please check "Yes" or "No" and respond to the following requests:			
1.	Is the patient diagnosed with gastrointestinal stromal tumor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1a.	Has the patient experienced disease progression or intolerance to imatinib (Gleevec)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Does the patient have advanced renal cell carcinoma (RCC)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Has the patient been diagnosed with progressive, well-differentiated pancreatic neuroendocrine tumors (pNET)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3a.	Is the pNET unresectable locally advanced or metastatic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Is Sutent being used as monotherapy? (Not covered in combination with other chemotherapies)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**This form is intended for SelectHealth members only. All requests for preauthorization should be sent via fax to 1-801-442-3006. Missing, inaccurate, or incomplete information may cause a delay or denial of authorization.**