



OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.

Visit go.covermymeds.com/OptumRx to begin using this free service.

Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Sutent® Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)			
Medication Name:		Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting brand		Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy			

Clinical Information (required)	
Select the diagnosis below:	
<input type="checkbox"/> Gastrointestinal stromal tumor (GIST)	
<input type="checkbox"/> Pancreatic neuroendocrine tumors (pNET)	
<input type="checkbox"/> Renal cell carcinoma (RCC)	
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____	
Prescriber's Specialty:	
Is Sutent prescribed by or in consultation with an oncologist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For gastrointestinal stromal tumor (GIST), answer the following:	
Does the patient have history of disease progression, contraindication, or intolerance to Gleevec (imatinib mesylate)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For pancreatic neuroendocrine tumors (pNET), answer the following:	
Does the patient have a diagnosis of progressive, well-differentiated pNET? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the patient have unresectable locally advanced or metastatic disease? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For renal cell carcinoma (RCC), answer the following:	
Does the patient have advanced/metastatic renal cell carcinoma (RCC)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will Sutent be used as adjuvant therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the patient at high risk of recurrent RCC following nephrectomy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reauthorization:	
If this is a reauthorization request, answer the following question:	
Does the patient show evidence of progressive disease while on Sutent therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.
 For urgent or expedited requests please call 1-800-711-4555.
 This form may be used for non-urgent requests and faxed to 1-800-527-0531.

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**

Office use only: Sutent_Comm_2018Apr-W