

PRIOR AUTHORIZATION QUESTIONNAIRE-Sutent® (sunitinib)

M.D. Last Name: _____	M.D. First Name: _____
Physician Phone: _____	Physician Fax: _____
Patient _____	ID# _____ DOB _____

****FAILURE TO COMPLETE THE FORM MAY RESULT IN AN AUTOMATIC DENIAL (CHART NOTES ARE REQUIRED)****

1. Diagnosis:
 - Gastrointestinal stromal tumor (GIST) (Proceed to Question #2)
 - Advanced renal cell carcinoma (Proceed to Question #3)
 - Other* (please specify): _____

***If diagnosis of "Other" is used, please attach a clinical study with efficacy and safety data supporting this request**
2. Has the patient experienced disease progression and/or intolerance while on Gleevec®? Yes No
3. Does the patient have a hypersensitivity to sunitinib or any other component of Sutent®? Yes No
4. Is the prescribing physician an oncologist? Yes No
5. Has the patient presented with a cardiac event within the past 12 months? Yes No
 - a. If Yes, please specify: _____
6. Baseline LVEF: _____
7. Dose requested: _____
8. Strength requested:
 - 12.5 mg 25 mg 50 mg

Continuation of therapy:

9. Has the patient demonstrated an improved health-related quality of life or a decrease in disease progression? Yes No
10. Current LVEF: _____
11. Physician Signature or name of person providing answers _____

This medication may be dispensed through a Specialty Pharmacy, please provide the patient's phone number for proper enrollment.

Patient's phone number: _____

Physician Comments _____

Send or Fax completed form to:
877-329-7279

RESTAT
11900 W. Lake Park Dr.
Milwaukee, WI 53224

QUESTIONS PLEASE CALL:
877-526-9906

www.restat.com

*******DISCLOSURE STATEMENT*******

This transmission may contain information which is confidential, proprietary and privileged. If you are not the individual or entity to which it is addressed, note that any review, disclosure, copying, retransmission or other use is strictly prohibited. If you received this transmission in error, please notify the sender immediately and delete the material from your system. Date 9/1/2010