Pre - PA Allowance
None

Prior-Approval Requirements

Age
18 years of age or older

Diagnoses

Patients must have **ONE** of the following:

1. Advanced renal cell carcinoma (RCC)
2. Unresectable hepatocellular carcinoma (HCC)
3. Differentiated thyroid carcinoma (DTC)
   a. Locally recurrent or metastatic
   b. Refractory to radioactive iodine treatment
4. Osteosarcoma
5. Angiosarcoma
6. Desmoid Tumors / Aggressive Fibromatosis
7. Gastrointestinal Stromal Tumor (GIST)
   a. Prior therapy with imatinib, sunitinib or regorafenib

**AND ALL** of the following:

1. Absence of significant or unstable cardiac disease
2. Monitor electrolytes and electrocardiograms on regular basis

Prior - Approval Limits

<table>
<thead>
<tr>
<th>Quantity</th>
<th>200 mg tablets</th>
<th>360 tablets per 90 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>12 months</td>
<td></td>
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</table>

Prior – Approval *Renewal* Requirements

Age
18 years of age or older

Diagnoses
Patients must have **ONE** of the following:

1. Advanced renal cell carcinoma (RCC)
2. Unresectable hepatocellular carcinoma (HCC)
3. Differentiated Thyroid carcinoma (DTC)
4. Osteosarcoma
5. Angiosarcoma
6. Desmoid Tumors / Aggressive Fibromatosis
7. Gastrointestinal Stromal Tumor (GIST)

**AND ALL** of the following:

1. Absence of significant or unstable cardiac disease
2. Monitor electrolytes and electrocardiograms on regular basis
3. **NO** disease progression or unacceptable toxicity

**Prior - Approval Renewal Limits**
Same as above