

Votrient (pazopanib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Votrient (pazopanib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Votrient (pazopanib) may be approved if the following criteria are met:

Individual has a diagnosis of one of the following:

- I. Advanced renal cell carcinoma (kidney cancer);

OR

- II. Von Hippel-Lindau (VHL)-associated renal cell carcinoma (NCCN 2A);

OR

- III. Soft tissue sarcoma (including extremity/body wall, head/neck or retroperitoneal/Intra-abdominal, angiosarcoma, alveolar soft part, dermatofibrosarcoma protuberans (DFSP with fibrosarcomatous transformation, solitary fibrous tumor, rhabdomyosarcoma, epithelioid hemangioendothelioma, extraskeletal myxoid chondrosarcoma, desmoid tumors, dedifferentiated chordoma, dedifferentiated liposarcoma) (Label, NCCN 2A);

OR

- IV. Gastrointestinal Stromal Tumors (GIST) – for the following:
 - A. Gross residual disease, tumor rupture, unresectable, recurrent, or metastatic disease after failure on approved therapies (such as imatinib, sunitinib, regorafenib, and ripretinib) (NCCN 2A); **OR**

OR

- V. Succinate-dehydrogenase (SDH)- deficient gastrointestinal stromal tumor (GIST), as a single agent (NCCN 2A);

OR

- VI. Uterine sarcoma – as second-line or subsequent therapy for inoperable, advanced, recurrent or metastatic disease (NCCN 2A);

OR

- VII. Merkel Cell Carcinoma – as a single agent if anti-PD-L1 or anti-PD-1 therapy is contraindicated or disease has progressed on anti-PD-L1 or anti-PD-1 monotherapy (NCCN 2A);

OR

- VIII. Thyroid carcinomas (NCCN 2A);
- A. For Follicular or Papillary thyroid carcinoma if clinical trials or other systemic therapies are not available or appropriate for treatment of progressive and/or symptomatic iodine-refractory disease; **OR**
 - B. For Oncocytic thyroid carcinoma if clinical trials or other systemic therapies are not available or appropriate for treatment of progressive and/or symptomatic disease; **OR**
 - C. For Medullary carcinomas in the treatment of progressive disease or symptomatic distant metastases if clinical trials or systemic therapy options are not available or appropriate, OR if there is progression on systemic therapy options;

OR

- VI. Chondrosarcoma – for the treatment of metastatic disease or systemic recurrence (NCCN 2A).

Votrient (pazopanib) may not be approved for the following:

- I. For the treatment of adipocytic Soft Tissue Sarcoma (NCCN 2A).

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Updated periodically.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Ganjoo KN, Villalobos VM, Kamaya A, et al. A multicenter phase II study of pazopanib in patients with advanced GIST following failure of at least imatinib and sunitinib. *Ann Oncol* 2014;25(1):236-40.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2025; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2025 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on June 16, 2025.
 - a. Bone cancer. V2.2025. Revised February 28, 2025.
 - b. Thyroid Carcinoma. V1.2025. Revised March 27, 2025.
 - c. Ovarian Cancer. V2.2025. Revised May 23, 2025.
 - d. Kidney Cancer. V3.2025. Revised January 9, 2025.
 - e. Uterine Neoplasms. V3.2025. Revised March 7, 2025.
 - f. Soft Tissue Sarcoma. V1.2025. Revised May 2, 2025.
 - g. Gastrointestinal Stromal Tumors (GISTs) V1.2025. Revised April 17, 2025.
 - h. Merkel Cell Carcinoma. V2.2025. Revised April 18, 2025

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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