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, desmoid tumors) (Label, NCCN 2A);

OR

IV. Gastrointestinal Stromal Tumors (GIST) – for 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 unresectable gastrointestinal stromal tumor (GIST), as a single agent (NCCN 2A);

OR

VI. Uterine sarcoma – for recurrent or metastatic disease which has progressed following prior cytotoxic chemotherapy (NCCN 2A);

OR

VII. Thyroid carcinomas (NCCN 2A);

A. For Follicular, Papillary, or Oncocytic Cell thyroid carcinomas 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 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).

Note:
Votrient (pazopanib) has a black box warning for hepatotoxicity. Severe and fatal hepatotoxicity has occurred in clinical trials. Hepatic function should be monitored and therapy interrupted, reduced, or discontinued as recommended.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2023. URL: http://www.clinicalpharmacology.com. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm.Updated periodically.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. 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.
5. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2023; Updated periodically.
6. NCCN Clinical Practice Guidelines in Oncology™. © 2022 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Accessed on June 21, 2023.
    a. Bone cancer. V3.2023. Revised November 28, 2022.
    b. Merkel Cell Carcinoma. V1.2023. Revised April 10, 2023.
    c. Thyroid Carcinoma. V2.2023. Revised May 18, 2023.
    d. Ovarian Cancer. V2.2023. Revised June 2, 2023.
    e. Kidney Cancer. V4.2023. Revised January 18, 2023.
    f. Uterine Neoplasms. V2.2023. Revised April 28, 2023.
    g. Soft Tissue Sarcoma. V2.2023. Revised April 25, 2023.
    h. Gastrointestinal Stromal Tumors (GISTs) V1.2023. Revised March 13, 2023.