

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

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. Soft tissue sarcoma (STS) (Label, NCCN 2A);
 - A. As palliative therapy for cancers of the extremity/superficial trunk, head/neck or retroperitoneal/Intra-abdominal; **OR**
 - B. As palliative therapy for angiosarcoma or rhabdomyosarcoma; **OR**
 - C. For disease progression of Gastrointestinal Stromal Tumors after single-agent therapy with imatinib, sunitinib, and regorafenib; **OR**
 - D. As treatment of alveolar soft part sarcoma or solitary fibrous tumor/hemangiopericytoma;

OR

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

OR

- IV. Thyroid carcinomas (NCCN 2A);
 - A. For Follicular, Papillary, or Hurthle 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**

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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- B. For Medullary carcinomas in the treatment of progressive disease or symptomatic distant metastases if clinical trials, cabozantinib, or vandetanib are not available or appropriate, OR if there is progression on vandetanib or cabozantinib

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.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. 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>. Accessed: July 21, 2019.
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.; 2018; Updated periodically.
6. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on July 21, 2019.
 - a. Thyroid Carcinoma. V1.2019. Revised March 28, 2019.
 - b. Kidney Cancer. V1.2020. Revised June 7, 2019.
 - c. Soft Tissue Sarcoma. V2.2019. Revised February 4, 2019.
 - d. Ovarian Cancer. V1.2019. Revised March 8, 2019.
 - e. Uterine Neoplasms. V3.2019. Revised February 11, 2019.

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