Generic Name: Pazopanib

Therapeutic or Brand Name: Votrient®

Applicable Drugs (if Therapeutic Class):
Antineoplastic agents - Tyrosine Kinase Inhibitors

Preferred: Pazopanib (generic)

Non-preferred: Votrient® (brand)

Date of Origin: 4/8/2020

Date Last Reviewed / Revised: 2/24/2025

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through V are met)

I. Documentation of one of the following diagnoses A through J AND must meet all criteria listed under the applicable diagnosis:

FDA-Approved Indication(s)

A. Advanced renal cell carcinoma (RCC).

B. Advanced soft tissue sarcoma (STS) in patients who have received prior chemotherapy.

Other Uses With Supportive Evidence

C. Chondrosarcoma (metastatic and widespread).

D. Gastrointestinal stromal tumor (GIST).

i. One of the following criteria 1 or 2:

1. Confirmed succinate dehydrogenase (SDH)-deficient gastrointestinal stromal tumor.

2. Disease progression despite prior treatment with imatinib, sunitinib, regorafenib, and ripretinib.

E. Merkel cell carcinoma (MCC).

i. Confirmed M1 disseminated disease.

ii. Disease progression despite prior treatment with anti-PD-L1 therapy.

F. Ovarian cancer, fallopian tube, or primary peritoneal cancer (persistent or recurrent).

G. Desmoid tumors (progressive).

i. Treatment duration not exceeding 1 year.

H. Thyroid carcinoma (differentiated).

i. Confirmed differentiated thyroid carcinoma (ie, follicular, oncocytic, or papillary carcinoma).

ii. Patient is refractory to radioactive iodine (RAI) therapy.

I. Thyroid carcinoma (medullary).
    i. Disease progression despite prior treatment with systemic therapy (eg, vandetanib, cabozantinib, selpercatinib, pralsetinib).
J. Uterine sarcoma (recurrent or metastatic).
    i. Second-line or subsequent therapy after at least 1 systemic regimen. (eg, doxorubicin, docetaxel, gemcitabine, trabectedin, ifosfamide, dacarbazine)

II. Minimum age requirement: 18 years.
III. Treatment must be prescribed by or in consultation with an oncologist or hematologist.
IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.
V. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- Limitations of Use: The efficacy of VOTRIENT for the treatment of patients with adipocytic STS or gastrointestinal stromal tumors has not been demonstrated.
- Severe and fatal hepatotoxicity has been observed in clinical trials. Monitor hepatic function at baseline and interrupt, reduce, or discontinue dosing as recommended.
- Concurrent use with known QT-prolonging drugs.
- Documented history of hemorrhagic complications or events (eg, hemoptysis, cerebral or gastrointestinal hemorrhage) in the past 6 months.
- Documented history of thrombotic or vascular events (eg, myocardial infarction, angina, ischemic stroke, transient ischemic attack).
- Diagnosis of uncontrolled or resistant hypertension.
- Anticipated or current pregnancy.
- Risk of impaired wound healing (eg, anticipated surgery) or serious infection.

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- 120 tablets per 30 days.

APPROVAL LENGTH

- **Authorization:** 6 months.
- **Re-Authorization:** 12 months, with an updated letter of medical necessity or progress notes showing current medical necessity criteria are met and does not show evidence of progressive disease.

APPENDIX

- N/A

REFERENCES

1. Pazopanib (Votrient®). Prescribing information. East Hanover, NJ; Novartis. January 2024. Accessed January 10, 2025.

   https://www.novartis.com/us-en/sites/novartis_us/files/votrient.pdf

2. National Comprehensive Cancer Network (NCCN). Kidney Cancer. Version 3.2025. Updated January 9, 2025. Accessed January 10, 2025.

   https://www.nccn.org/professionals/physician_gls/pdf/kidney.pdf

3. National Comprehensive Cancer Network (NCCN). Soft Tissue Sarcoma. Version 4.2024. Updated November 21, 2024. Accessed January 10, 2025.

   https://www.nccn.org/professionals/physician_gls/pdf/sarcoma.pdf

4. National Comprehensive Cancer Network (NCCN). Thyroid Carcinoma. Version 4.2024. Updated August 19, 2024. Accessed January 10, 2025.

   https://www.nccn.org/professionals/physician_gls/pdf/thyroid.pdf

5. National Comprehensive Cancer Network (NCCN). Bone Cancer. Version 1.2025. Updated August 20, 2024. Accessed January 10, 2025.

   https://www.nccn.org/professionals/physician_gls/pdf/bone.pdf

6. National Comprehensive Cancer Network (NCCN). Merkel Cell Carcinoma. Version 1.2024. Updated November 22, 2023. Accessed January 10, 2025

   https://www.nccn.org/professionals/physician_gls/pdf/mcc.pdf

7. National Comprehensive Cancer Network (NCCN). Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer. Version 3.2024. Updated July 15, 2024. Accessed January 10, 2025.

   https://www.nccn.org/professionals/physician_gls/pdf/ovarian.pdf

8. National Comprehensive Cancer Network (NCCN). Gastrointestinal Stromal Tumors. Version 2.2024. Updated July 31, 2024. Accessed January 10, 2025.

   https://www.nccn.org/professionals/physician_gls/pdf/gist.pdf

9. National Comprehensive Cancer Network (NCCN). Uterine Neoplasms. Version 1.2025. Updated December 16, 2024. Accessed January 10, 2025.

https://www.nccn.org/professionals/physician_gls/pdf/uterine.pdf