

Generic Name: Pazopanib

Preferred: N/A

Therapeutic or Brand Name: Votrient®

Non-preferred: N/A

Applicable Drugs (if Therapeutic Class):

Antineoplastic agents - Tyrosine Kinase Inhibitors

Date of Origin: 4/8/2020

Date Last Reviewed / Revised: N/A

GPI Code: 21534070100320

PRIOR AUTHORIZATION CRITERIA

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

- I. Documented diagnosis one of the following conditions A or B :
 - A. Advanced renal cell carcinoma (RCC).
 - B. Advanced soft tissue sarcoma (STS) in patients who have received prior chemotherapy.
- II. Minimum age requirement: 18 years of age and older.
- III. Prescriber must be an oncologist.

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 and interrupt, reduce, or discontinue dosing as recommended.
- Concurrent use with known QT-prolonging drugs.
- Documented history of hemorrhagic complications or events (e.g. hemoptysis, cerebral or gastrointestinal hemorrhage) in the previous 6 months.
- Documented history of thrombotic or vascular events (e.g. myocardial infarction, angina, ischemic stroke, transient ischemic attack).
- Diagnosis of uncontrolled or resistant hypertension.
- Anticipated or current pregnancy.

OTHER CRITERIA

- Off Label: Desmoid tumors (progressive); Thyroid cancer (advanced, differentiated)

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Bottle of 200 mg tablets (#120) for 30 days.
- Bottle of 400 mg tablets (#60) for 30 days.

APPROVAL LENGTH

- **Authorization:** 6 months.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

APPENDIX

- N/A

REFERENCES

1. Cella D, Beaumont JL. Pazopanib in the treatment of advanced renal cell carcinoma. *Therapeutic Advances in Urology*. 2015;8(1):61-69.
2. Pazopanib (Votrient®) [package insert]. Research Triangle Park, NC, GlaxoSmithKline.
3. Medi-Span.
4. NCCN Guidelines 2020 for the treatment of Advanced Kidney Cancer.

HISTORICAL TRACKING OF CHANGES MADE TO POLICY

Date	Notes/Changes
4/8/2020	New policy created.