

**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:** 2/16/2023

### PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through IV 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
- III. Prescribed by or in consultation with a hematologist or oncologist.
- IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

### 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.
- Risk of impaired wound healing (eg. anticipated surgery) or serious infection.

### 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. Pazopanib (Votrient®). Prescribing information. East Hanover, NJ; Novartis. December 2021. Accessed February 16, 2023.  
[https://www.novartis.com/usen/sites/novartis\\_us/files/votrient.pdf](https://www.novartis.com/usen/sites/novartis_us/files/votrient.pdf).
2. NCCN Guidelines. Kidney Cancer (Version 2.2023).  
[https://www.nccn.org/professionals/physician\\_gls/pdf/kidney.pdf](https://www.nccn.org/professionals/physician_gls/pdf/kidney.pdf). February 16, 2023.

**DISCLAIMER:** Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.