## SPECIALTY GUIDELINE MANAGEMENT

# **VOTRIENT** (pazopanib)

#### **POLICY**

#### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

### A. FDA-Approved Indications

- 1. Advanced renal cell carcinoma (RCC)
- 2. Advanced soft tissue sarcoma (STS) in patients who have received prior chemotherapy

Limitations of Use: The efficacy of Votrient for the treatment of patients with adipocytic STS or gastrointestinal stromal tumors has not been demonstrated.

All other indications are considered experimental/investigational and are not a covered benefit.

## II. CRITERIA FOR INITIAL APPROVAL

#### A. Renal Cell Carcinoma

Authorization of 12 months may be granted for treatment of relapsed, metastatic, or unresectable renal cell carcinoma.

## B. Soft Tissue Sarcoma (STS)

Authorization of 12 months may be granted for treatment of soft tissue sarcoma (STS) that is not an adipocytic sarcoma and the member has one of the following subtypes of STS:

- a. Gastrointestinal stromal tumor (GIST)
- b. Pleomorphic rhabdomyosarcoma
- c. Angiosarcoma
- d. Retroperitoneal/intra-abdominal sarcoma
- e. Extremity/superficial trunk, head/neck sarcoma

### **III. CONTINUATION OF THERAPY**

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

### IV. REFERENCES

- 1. Votrient [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; May 2017.
- 2. The NCCN Drugs & Biologics Compendium®© 2018 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed May 18, 2018.
- 3. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Kidney Cancer. Version 4.2018. Accessed May 22, 2018. https://www.nccn.org/professionals/physician\_gls/pdf/kidney.pdf.

© 2019 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.



- 4. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines<sup>®</sup>): Soft Tissue Sarcoma. Version 2.2018. Accessed May 22, 2018. https://www.nccn.org/professionals/physician\_gls/pdf/sarcoma.pdf.
- 5. Ganjoo KN, Villalobos VM, Kamaya A, et al. A multicenter phase II study of pazopanib in patients with advanced gastrointestinal stromal tumors (GIST) following failure of at least imatinib and sunitinib. *Ann Oncol* 2014;25(1):236-40.
- 6. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines<sup>®</sup>): Uterine Neoplasms. Version 1.2018. Accessed May 22, 2018. https://www.nccn.org/professionals/physician\_gls/pdf/uterine.pdf.
- 7. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Thyroid Carcinoma. Version 1.2018. Accessed May 22, 2018. https://www.nccn.org/professionals/physician\_gls/pdf/thyroid.pdf.
- 8. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines<sup>®</sup>): Ovarian Cancer (including Fallopian Tube Cancer and Primary Peritoneal Cancer. Version 2.2018. Accessed May 23, 2018. https://www.nccn.org/professionals/physician\_gls/pdf/ovarian.pdf

© 2019 CVS Caremark. All rights reserved.



pharmaceutical manufacturers that are not affiliated with CVS Caremark.