

Reference number
2009-A

## 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.

###### B. Compendial Uses

1. Relapsed or surgically unresectable stage IV RCC
2. Uterine sarcoma
3. Soft tissue sarcoma of one of the following subtypes:
  - a. Gastrointestinal stromal tumors (GIST)
  - b. Angiosarcoma
  - c. Pleomorphic rhabdomyosarcoma
  - d. Retroperitoneal/intra-abdominal sarcoma
  - e. Extremity/superficial trunk, head/neck sarcoma
4. Thyroid carcinoma (medullary, papillary, Hürthle cell, or follicular)
5. Ovarian cancer
  - a. Epithelial ovarian cancer
  - b. Fallopian tube cancer
  - c. Primary peritoneal cancer

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

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- d. Retroperitoneal/intra-abdominal sarcoma
- e. Extremity/superficial trunk, head/neck sarcoma

#### C. Uterine Sarcoma

Authorization of 12 months may be granted for treatment of uterine sarcoma.

#### D. Thyroid Carcinoma

Authorization of 12 months may be granted for treatment of medullary, papillary, Hürthle cell, or follicular thyroid carcinoma.

#### E. Ovarian Cancer

Authorization of 12 months may be granted for treatment of epithelial ovarian cancer, fallopian tube cancer, or primary peritoneal cancer.

### III. CONTINUATION OF THERAPY

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

### IV. REFERENCES

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4. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Soft Tissue Sarcoma. Version 2.2018. Accessed May 22, 2018. [https://www.nccn.org/professionals/physician\\_gls/pdf/sarcoma.pdf](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®): Uterine Neoplasms. Version 1.2018. Accessed May 22, 2018. [https://www.nccn.org/professionals/physician\\_gls/pdf/uterine.pdf](https://www.nccn.org/professionals/physician_gls/pdf/uterine.pdf).
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8. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®): 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](https://www.nccn.org/professionals/physician_gls/pdf/ovarian.pdf)