

## 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 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. Medullary, papillary, Hürthle cell, or follicular thyroid carcinoma:
5. Metastatic dermatofibrosarcoma protuberans (DFSP)
6. 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, Hurthle cell, or follicular thyroid carcinoma.

**E. Dermatofibrosarcoma Protuberans (DFSP)**

Authorization of 12 months may be granted for treatment of metastatic DFSP.

**F. 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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10. Bible KC, Suman VJ, Molina JR, et al. A multicenter phase 2 trial of pazopanib in metastatic and progressive medullary thyroid carcinoma: MC057H. *J Clin Endocrinol Metab* 2014;99(5):1687-93.