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5.21.083

Section:	Prescription Drugs	**Effective Date:**	April 1, 2025
Subsection:	Antineoplastic Agents	**Original Policy Date:**	August 26, 2016
Subject:	Votrient	**Page:**	1 of 6

Last Review Date: March 7, 2025

Votrient

Description

Votrient (pazopanib)

Background
Votrient (pazopan) is used to treat advanced renal cell carcinoma (RCC) and advanced soft tissue sarcoma (STS) in patients who have received prior chemotherapy. Votrient works by blocking certain proteins called kinases that play a role in tumor growth and cancer progression. It has been shown to inhibit receptor tyrosine kinases including vascular endothelial growth factor receptors 1, 2 and 3, platelet-derived growth factor receptors α and β, fibroblast growth factor receptors 1 and 3, cytokine receptor (Kit), interleukin-2 receptor-inducible T-cell kinase (Itk), leukocyte-specific protein tyrosine kinase (Lck), and transmembrane glycoprotein receptor tyrosine kinase (c-Fms). These receptors are implicated in tumor blood vessel generation, tumor growth, and cancer progression (1-5).

Regulatory Status
FDA-approved indications: Votrient is an inhibitor of multiple tyrosine kinases indicated for the treatment of adults with: (1)

1. advanced renal cell carcinoma (RCC)
2. advanced soft tissue sarcoma (STS) who have received prior chemotherapy

Limitations of Use: (1)
The efficacy of Votrient for the treatment of patients with adipocytic STS or gastrointestinal stromal tumors has not been demonstrated.

Off-Label Uses: (2-5)
According to current oncology practice guidelines, Votrient may also be used for:

1. Metastatic dermatofibrosarcoma protuberans (DFSP)
2. Complete remission following primary treatment of ovarian cancer Stage II-IV: epithelial ovarian cancer/fallopian tube cancer/primary peritoneal cancer
3. Gastrointestinal stromal tumor after failure of therapy with imatinib, sunitinib, or regorafenib
4. Recurrent/metastatic thyroid carcinomas (follicular/Hürthle Cell/medullary/papillary) if clinical trials or other systemic therapies are not available or appropriate.
5. Recurrent or postoperative uterine sarcoma

Votrient includes a boxed warning citing the risk of severe and fatal hepatotoxicity; therefore, Votrient should be used with caution in patients with hepatic impairment. Initiation of Votrient is not recommended in patients with pre-existing hepatic-impairment, defined as total bilirubin > 3 times ULN with any level of ALT. Transaminase and bilirubin levels should be obtained prior to initiation of treatment and regularly throughout therapy (1).

Votrient can cause fatal complications including hemorrhagic events, thromboembolic events, cardiac dysfunction, GI perforation, interstitial lung disease/pneumonitis, reversible posterior leukoencephalopathy syndrome (RPLS), and hypertensive crisis. Use with caution in patients at higher risk of developing these complications. Permanently discontinue Votrient if thrombotic microangiopathy (TMA) or reversible posterior leukoencephalopathy syndrome (RPLS) occurs. Votrient can cause fetal harm when administered to a pregnant woman. Females of reproductive potential should use effective contraception while taking Votrient (1).

The safety and effectiveness of Votrient in pediatric patients have not been established (1).

Related policies
Ayvakit, Caprelsa, Cometriq, Fotivda, Nexavar, Qinlock, Stivarga, Sutent

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Votrient may be considered **medically necessary** if the conditions indicated below are met.

Votrient may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Advanced renal cell carcinoma (RCC)

2. Advanced soft tissue sarcoma (STS)
    a. Inadequate treatment response with at least one previous chemotherapy regimen

3. Metastatic dermatofibrosarcoma protuberans (DFSP)

4. Recurrent ovarian cancer Stage II-IV (epithelial ovarian cancer; fallopian tube cancer; or primary peritoneal cancer)
    a. Complete remission following primary treatment

5. Gastrointestinal stromal tumor
    a. Inadequate treatment with imatinib, sunitinib, or regorafenib

6. Recurrent or metastatic thyroid carcinoma
    a. Patient has **ONE** of the following:
        i. Follicular carcinoma
        ii. Hürthle cell carcinoma
        iii. Papillary carcinoma
        iv. Medullary carcinoma
    b. Inadequate treatment response or contraindication to vandetanib or cabozantinib

7. Uterine sarcoma
    a. Patient has **ONE** of the following:
        i. Stage II, III, or IV
        ii. Stage I and the disease is medically inoperable

AND ALL of the following**:**

a. Prescriber agrees to monitor transaminase and bilirubin levels at least twice per month for the first 3 months and then periodically thereafter
b. **NO** severe hepatic impairment (Child-Pugh Class C)

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Advanced renal cell carcinoma (RCC)
2. Advanced soft tissue sarcoma (STS)
3. Metastatic dermatofibrosarcoma protuberans (DFSP)
4. Recurrent ovarian cancer Stage II-IV (epithelial ovarian cancer; fallopian tube cancer; or primary peritoneal cancer)
5. Gastrointestinal stromal tumor
6. Recurrent or metastatic thyroid carcinoma
7. Uterine sarcoma

AND ALL of the following:

a. **NO** disease progression or unacceptable toxicity
b. Prescriber agrees to monitor transaminase and bilirubin levels periodically
c. **NO** severe hepatic impairment (Child-Pugh Class C)

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity	200 mg	360 tablets per 90 days
Duration	12 months	

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary
Votrient (pazopanib) is a multi-tyrosine kinase inhibitor indicated for the treatment of advanced renal cell carcinoma, soft tissue sarcoma after trial of prior chemotherapy, and certain cases of Dermatofibrosarcoma protuberans, ovarian cancer, GI stromal tumors, thyroid carcinoma, and uterine sarcoma. Votrient should be used with caution in patients at risk for hepatic toxicity, cardiac dysfunction, hemorrhagic events, thromboembolic events, gastrointestinal perforation, interstitial lung disease, RPLS, or hypertensive crisis. The safety and efficacy of Votrient in pediatric patients have not been studied (1-5).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Votrient while maintaining optimal therapeutic outcomes.

References

1. Votrient [package insert]. East Hanover, NJ: Novartis Pharmaceutical Corporation; January 2024.
2. NCCN Drugs & Biologics Compendium® Votrient 2025. National Comprehensive Cancer Network, Inc. Accessed on January 14, 2025.
3. NCCN Clinical Practice Guidelines in Oncology: Kidney Cancer (Version 3.2025). National Comprehensive Cancer Network, Inc. January 2025. Accessed on January 14, 2025.
4. NCCN Clinical Practice Guidelines in Oncology: Soft Tissue Sarcoma (Version 4.2024). National Comprehensive Cancer Network, Inc. November 2024. Accessed on January 14, 2025.
5. NCCN Clinical Practice Guidelines in Oncology: Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer (Version 3.2024). National Comprehensive Cancer Network, Inc. July 2024. Accessed on January 14, 2025.

Policy History

Date	Action
August 2016	Addition to PA
December 2016	Annual review
June 2017	Annual editorial review and reference update
September 2017	Annual review Addition of quantity limits
June 2018	Annual editorial review and reference update
June 2019	Annual review and reference update

June 2020	Annual review and reference update
September 2020	Annual review and reference update
June 2021	Annual review and reference update
December 2022	Annual editorial review and reference update. Removed requirement for bilirubin levels to be 3 times ULN. Added renewal requirement to monitor transaminase and bilirubin levels periodically. Changed policy number to 5.21.083
March 2023	Annual review and reference update
March 2024	Annual review and reference update
March 2025	Annual editorial review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 7, 2025 and is effective on April 1, 2025.