Reference number(s)
2009-A

Specialty Guideline Management pazopanib-Votrient

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Votrient	pazopanib

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.

FDA-approved Indications[1,2]

- Treatment of adults with advanced renal cell carcinoma (RCC)
- Treatment of adults with advanced soft tissue sarcoma (STS) 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.

Compendial Uses[3-7]

- Relapsed or stage IV renal cell carcinoma (RCC)
- von Hippel-Lindau (VHL)-associated RCC
- Gastrointestinal stromal tumors (GIST)
- Nonadipocytic soft tissue sarcoma

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- Uterine sarcoma
- Medullary, papillary, oncocytic/Hürthle cell, or follicular thyroid carcinoma
- Merkel cell carcinoma
- Bone cancer of one of the following subtypes:
    - Chordoma
    - Chondrosarcoma
    - Osteosarcoma

All other indications are considered experimental/investigational and not medically necessary.

Documentation

Submission of the following information is necessary to initiate the prior authorization review:

Documentation of laboratory report confirming KIT and PDGFRA mutation, where applicable.

Coverage Criteria

Renal Cell Carcinoma (RCC)[1-3]

Authorization of 12 months may be granted when either the following criteria is met:

- The requested medication will be used as a single agent for treatment of advanced, relapsed, or stage IV RCC.
- The requested medication will be used as a single agent for treatment of von Hippel-Lindau (VHL)-associated RCC.

Gastrointestinal Stromal Tumors (GIST)[3]

Authorization of 12 months may be granted for treatment of GIST as a single agent when any of the following criteria are met:

- Member has residual, unresectable, tumor rupture, or recurrent/metastatic imatinib-senstive KIT and PDGFRA mutant-positive (except PDGFRA exon 18 mutation positive) disease and has failed at least four FDA-approved therapies (e.g., imatinib, sunitinib, regorafenib, ripretinib).
- The requested medication will be used for first-line treatment of residual, unresectable, tumor rupture, or recurrent/metastatic succinate dehydrogenase (SDH)-deficient disease.

Soft Tissue Sarcoma[1-3]

Authorization of 12 months may be granted for treatment of non-adipocytic soft tissue sarcoma when either of the following criteria is met:

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- The requested medication will be used as a single agent.
- The requested medication will be used in combination with gemcitabine for treatment of angiosarcoma, dedifferentiated chordoma, dedifferentiated liposarcoma with or without concurrent well-differentiated liposarcoma, or epithelioid hemangioendothelioma.

Uterine Sarcoma[3]

Authorization of 12 months may be granted as a single agent for subsequent treatment of advanced, recurrent/metastatic, or inoperable uterine sarcoma.

Papillary, Oncocytic/Hürthle Cell, or Follicular Thyroid Carcinoma[3]

Authorization of 12 months may be granted for treatment of papillary, oncocytic/Hürthle cell, or follicular thyroid carcinoma as a single agent when both of the following criteria are met:

- The disease is locoregional, unresectable, progressive and/or symptomatic, or metastatic.
- Radioactive iodine (RAI) therapy is not indicated, is contrantraindicated, or has been unsuccessful.

Medullary Thyroid Carcinoma[3,4]

Authorization of 12 months may be granted for treatment of recurrent or metastatic medullary thyroid carcinoma as a single agent when either of the following criteria is met:

- Member has disease progression while on FDA approved systemic therapy options (e.g., cabozantinib [Cometriq], vandetanib [Caprelsa]).
- Member has an intolerance or contraindication to FDA approved systemic therapy options (e.g., cabozantinib [Cometriq], vandetanib [Caprelsa]).

Merkel Cell Carcinoma[3]

Authorization of 12 months may be granted for treatment of regional Merkel cell carcinoma as a single agent when anti-PD-L1 or anti-PD-1 therapy is contraindicated or disease has progressed on anti-PD-L1 or anti-PD-1 monotherapy.

Bone Cancer[3]

Authorization of 12 months may be granted for treatment of any of the following subtypes of bone cancer:

- Chordoma.
- Chondrosarcoma as a single agent.
- Osteosarcoma.

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Continuation of Therapy

GIST[3]

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for GIST when there is no evidence of unacceptable toxicity while on the current regimen.

All Other Indications

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for all other indications listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Votrient [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; January 2024.
2. Pazopanib [package insert]. Parsippany, NJ: Teva Pharmaceuticals; May 2024.
3. The NCCN Drugs & Biologics Compendium® © 2026 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed May 8, 2026.
4. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Thyroid Carcinoma. Version 1.2026. Available at: https://www.nccn.org. Accessed May 8, 2026.
5. Lipplaa A, Dijkstra S, Gelderblom H. Efficacy of pazopanib and sunitinib in advanced axial chordoma: a single reference centre case series. Clin Sarcoma Res. 2016;6:19.
6. Jones RL, Katz D, Loggers ET, et al. Clinical benefit of antiangiogenic therapy in advanced and metastatic chondrosarcoma. Med Oncol. 2017;34:167.
7. Safwat A, Boysen A, Lücke A, et al. Pazopanib in metastatic osteosarcoma: Significant clinical response in three consecutive patients. Acta Oncol. 2014;53(10):1451-1454.

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