Applicable Drugs: Votrient (pazopanib)

Preferred: pazopanib (generic)

Non-preferred: Votrient (brand)

Date of Origin: 4/8/2020

Date Last Reviewed / Revised: 10/26/2026

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through V are met)

I. Documentation of one of the following FDA-approved diagnoses A and B AND must meet all criteria listed under the applicable diagnosis:

FDA-Approved Indication(s)

A. Advanced renal cell carcinoma (RCC).
   i. Minimum age requirement: 18 years old.
B. Advanced soft tissue sarcoma (STS) in patients who have received prior chemotherapy.
   i. Minimum age requirement: 18 years old.

Other Uses With Supportive Evidence

C. Bone cancer (including pediatric)
D. Gastrointestinal stromal tumor (GIST)
E. Merkel cell carcinoma
F. Soft tissue sarcoma (including pediatric)
G. Thyroid carcinoma
H. Uterine sarcoma

II. Treatment must be prescribed by or in consultation with an oncologist or hematologist.

III. Request is for a medication with the appropriate FDA labeling, or its use is supported by current National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium with a Category of Evidence and Consensus of 1 or 2A.

IV. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- N/A

Other Criteria

- N/A

Quantity / Days Supply Restrictions

- 120 tablets per 30 days.

Approval Length

- **Authorization:** 6 months.
- **Re-Authorization:** 12 months, with an updated letter of medical necessity or progress notes showing current medical necessity criteria are met and does not show evidence of progressive disease.

Appendix

- N/A

References

1. Votrient. Prescribing information. East Hanover, NJ; Novartis. January 2024. Accessed October 26, 2026.

   https://www.novartis.com/us-en/sites/novartis_us/files/votrient.pdf

2. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Kidney Cancer. Version 2.2027. Updated October 7, 2026. Accessed October 26, 2026.

   https://www.nccn.org/professionals/physician_gls/pdf/kidney.pdf

3. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Soft Tissue Sarcoma. Version 5.2026. Updated July 23, 2026. Accessed October 26, 2026.

   https://www.nccn.org/professionals/physician_gls/pdf/sarcoma.pdf

4. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Thyroid Carcinoma. Version 2.2026. Updated June 2, 2026. Accessed October 26, 2026.

   https://www.nccn.org/professionals/physician_gls/pdf/thyroid.pdf

5. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Bone Cancer. Version 1.2027. Updated July 21, 2026. Accessed October 26, 2026.

   https://www.nccn.org/professionals/physician_gls/pdf/bone.pdf

6. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Merkel Cell Carcinoma. Version 1.2027. Updated October 8, 2026. Accessed October 26, 2026.

   https://www.nccn.org/professionals/physician_gls/pdf/mcc.pdf

7. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer. Version 4.2026. Updated April 10, 2026. Accessed October 26, 2026.

   https://www.nccn.org/professionals/physician_gls/pdf/ovarian.pdf

8. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Gastrointestinal Stromal Tumors. Version 1.2026. Updated January 13, 2026. Accessed October 26, 2026.

   https://www.nccn.org/professionals/physician_gls/pdf/gist.pdf

9. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Uterine Neoplasms. Version 3.2026. Updated June 16, 2026. Accessed October 26, 2026.

   https://www.nccn.org/professionals/physician_gls/pdf/uterine.pdf

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.