



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

PAZOPANIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
PAZOPANIB HCL	VOTRIENT	36709		GPI-10 (2153304210)	

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of advanced renal cell carcinoma (RCC) **AND** meet the following criterion?

- The patient is 18 years of age or older

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #4 per day.**  
If no, continue to #2.

2. Does the patient have a diagnosis of advanced soft tissue sarcoma (STS) and meet **ALL** of the following criteria?

- The patient is 18 years of age or older
- The patient has received prior chemotherapy (e.g., anthracycline treatment)
- The patient does NOT have a diagnosis of adipocytic soft tissue sarcoma (STS) or gastrointestinal stromal tumors (GIST)

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #4 per day.**  
If no, do not approve.

**DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **PAZOPANIB (Votrient)** requires the following rule(s) be met for approval:

A. You have ONE of the following diagnoses:

1. Advanced renal cell carcinoma (RCC: a type of kidney cancer)
2. Advanced soft tissue sarcoma (STS:

)

B. **If you have advanced renal cell carcinoma, approval also requires:**

1. You are 18 years of age or older

C. **If you have advanced soft tissue sarcoma, approval also requires:**

1. You are 18 years of age or older
2. You have received prior chemotherapy (cancer treatment such as anthracycline treatment)
3. You do NOT have adipocytic soft tissue sarcoma (type of cancer in fat cells) or gastrointestinal stromal tumors (GIST: type of cancer that starts in a type of cell in the digestive system)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Votrient.

**REFERENCES**

- Votrient [Prescribing Information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; December 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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P&T Approval: 08/16