EXPRESS SCRIPTS®

PRIOR AUTHORIZATION POLICY

POLICY: Oncology – Votrient® (pazopanib tablets – GlaxoSmithKline)

TAC APPROVAL DATE: 05/08/2019

OVERVIEW

Votrient, a multi-tyrosine kinase inhibitor, is indicated for the treatment of patients with advanced renal cell carcinoma (RCC), and for the treatment of patients with advanced soft tissue sarcoma (STS) who have received prior chemotherapy.[1] Limitation of Use. The efficacy of Votrient for the treatment of patients with adipocytic STS or gastrointestinal stromal tumors (GIST) has not been demonstrated.

Guidelines

Votrient features prominently in the National Comprehensive Cancer Network (NCCN) guidelines for soft tissue sarcomas and kidney cancer and others.

The NCCN guidelines on kidney cancer (version 4.2019 – April 25, 2019) recommend Votrient as a single agent for relapse or Stage IV and surgically unresectable disease as preferred first-line therapy for patients with "favorable risk" clear cell histology (category 2A).[2] It is also a category 1 recommended first-line therapy under "Other recommended regimens" for patients who have "poor/intermediate risk". The NCCN panel also recommends Votrient as subsequent therapy for clear cell histology (category 2A). Votrient is listed as one of the systemic therapy options under "Useful under certain circumstances" for patients with relapsed or Stage IV disease with *non-clear cell* histology (category 2A).

Votrient is recommended in the NCCN STS guidelines (version 2.2019 – February 4, 2019) as single-agent therapy in patients with STS subtypes with non-specific histologies for palliative therapy only.[3] Votrient is not recommended for lipogenic sarcomas (liposarcomas). Votrient is also recommended for palliative therapy in patients with the following STS: angiosarcoma, pleomorphic rhabdomyosarcoma, retroperitoneal/intra-abdominal STS of non-liposarcomal origin for unresectable or progressive disease, and STS of the extremity/ superficial trunk or head/neck that is non-liposarcomal origin for synchronous Stage IV or recurrent disease with disseminated metastases. All of these recommendations are category 2A. Votrient is also recommended in patients with GIST for treatment of patients with disease progression after single-agent therapy with imatinib (Gleevec, generics), Sutent, and Stivarga (category 2A).[3]

The NCCN thyroid carcinoma guidelines (version 1.2019 – March 28, 2019) state that Votrient can be considered for differentiated thyroid cancer, if clinical trials or other systemic therapies are not available or appropriate for treatment of progressive symptomatic iodine-refractory unresectable recurrent or persistent locoregional disease or distant metastatic disease.[4] For medullary thyroid cancer Votrient can be considered for treatment of progressive disease or symptomatic distant metastases if clinical trials, Caprelsa, or Cometriq are not available or appropriate, or if there is progression on Caprelsa or Cometriq (category 2A).

The NCCN ovarian cancer including fallopian tube cancer and primary peritoneal cancer guidelines (version 1.2019 – March 8, 2019) recommend Votrient as a single-agent (category 2B) therapy for persistent or recurrent disease.[5]

The NCCN uterine neoplasms guidelines (version 3.2019 – February 11, 2019) recommend Votrient as a single-agent be considered for uterine sarcoma (high grade endometrial stromal sarcoma, undifferentiated

uterine sarcoma, or uterine leiomyosarcoma) for recurrent or metastatic disease that has progressed following prior cytotoxic therapy (category 2A).[6]

POLICY STATEMENT

Prior authorization is recommended for prescription benefit coverage of Votrient. All approvals are provided for 3 years in duration unless otherwise noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Votrient is recommended in those who meet the following criteria:

FDA-Approved Indications

1. **Renal Cell Carcinoma** (Clear Cell or Non-Clear Cell Histology). Approve for 3 years for relapsed or Stage IV disease.

2. **Soft Tissue Sarcoma (STS).** Approve for 3 years if the patient meets the following criteria (A, B, and C):
   - **A)** The soft tissue sarcoma is advanced or metastatic; AND
   - **B)** The patient has ONE of the following (i, ii, iii, iv, or v):[3]
     - **i.** Angiosarcoma; ORy
     - **ii.** Pleomorphic rhabdomyosarcoma; OR
     - **iii.** Retroperitoneal/intra-abdominal soft tissue sarcoma that is unresectable or progressive; OR
     - **iv.** Soft tissue sarcoma of the extremity/superficial trunk or head/neck, including synovial sarcoma; OR
     - **v.** Solitary fibrous tumor/hemangiopericytoma; OR
     - **vi.** Alveolar soft part sarcoma; OR
   - **C)** The patient does not have gastrointestinal stromal tumor (GIST) [see Criterion 4].

Other Uses with Supportive Evidence

3. **Differentiated (i.e., papillary, follicular, and Hürthle cell) Thyroid Carcinoma.** Approve for 3 years if refractory to radioactive iodine therapy.

4. **Gastrointestinal Stromal Tumor (GIST).** Approve for 3 years if the patient meets the following criteria (A, B, and C):
   - **A)** Patient has previously tried imatinib (Gleevec® tablets, generics); AND
   - **B)** Patient has previously tried Sutent® (sunitinib capsules); AND
   - **C)** Patient has previously tried Stivarga® (regorafinib tablets).

5. **Medullary Thyroid Carcinoma.** Approve for 3 years if the patient has tried Caprelsa® (vandetanib tablets) or Cometriq® (cabozantinib capsules).

6. **Ovarian Cancer (i.e., Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer).** Approve for 3 years if the patient has persistent or recurrent disease.

7. **Uterine Sarcoma (e.g., endometrial stromal sarcoma, undifferentiated uterine sarcoma, uterine leiomyosarcomas).** Approve for 3 years in patients with recurrent, advanced, or metastatic disease.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Votrient has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. Rationale for non-coverage for these specific conditions is provided below.

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Votrient® tablets [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; May 2017.
2. The NCCN Kidney Cancer Clinical Practice Guidelines in Oncology (Version 4.2019 – April 25, 2019). © 2019 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on May 2, 2019.
3. The NCCN Soft Tissue Sarcoma Clinical Practice Guidelines in Oncology (Version 2.2019 – February 4, 2019). © 2019 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on May 2, 2019.
4. The NCCN Thyroid Cancer Clinical Practice Guidelines in Oncology (Version 1.2019 – March 28, 2019). © 2019 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on May 2, 2019.
5. The NCCN Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer Clinical Practice Guidelines in Oncology (Version 1.2019 – March 8, 2019). © 2019 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on May 2, 2019.
6. The NCCN Uterine Neoplasms Clinical Practice Guidelines in Oncology (Version 3.2019 – February 11, 2019). © 2019 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on May 2, 2019.

HISTORY

Type of Revision	Summary of Changes*	TAC Approval Date
Annual revision	Renal Cell Carcinoma: A criterion was revised to add that it includes predominant clear cell histology and non-clear cell histology. Differentiated Thyroid Carcinoma: Criteria were revised to only require that the patient's disease is refractory to radioactive iodine therapy. Medullary Thyroid Carcinoma: Criteria were added. Uterine Sarcoma: Examples were added to the indication (e.g., endometrial stromal sarcoma, undifferentiated uterine sarcoma, uterine leiomyosarcomas). Conditions Not Recommended for Approval: Glioblastoma, Nasopharyngeal Carcinoma, and Prostate Cancer were removed.	02/10/2016
Annual revision	Soft Tissue Sarcoma: Head/neck was added to the list of indications. Ovarian Cancer: Criteria were revised to add patients with persistent or recurrent disease.	03/08/2017
Annual revision	• Dermatofibrosarcoma Protuberans: This indication was removed. The NCCN guidelines no longer recommend this use. • Uterine sarcoma: "Recurrent" was added to the criteria.	04/18/2018
Annual revision	• Renal Cell Carcinoma: Deleted "advanced" and "predominant" descriptor with regards to clear cell. Added patient has "relapsed or Stage IV disease". • Soft Tissue Sarcoma: Added Alveoloar soft part sarcoma and Solitary fibrous tumor/hemeangiopericytoma. Deleted "Other non-lipogenic soft tissue sarcoma. • Ovarian Cancer: Deleted criteria requiring patient to have complete clinical remission after prior chemotherapy. • Deleted all conditions listed under "Conditions Not Recommended for Approval".	05/08/2019

TAC – Therapeutic Assessment Committee; NCCN – National Comprehensive Cancer Network. * For a further summary of criteria changes, refer to respective TAC minutes available at: http://esidepartments/sites/Dep043/Committees/TAC/Forms/AllItems.aspx.