ROCKY MOUNTAIN HEALTH PLANS®
We understand Colorado. We understand you.

UNIFORM PHARMACY PRIOR AUTHORIZATION REQUEST FORM

CONTAINS CONFIDENTIAL PATIENT INFORMATION

Complete this form in its entirety and send to Rocky Mountain Health Plans at 858-357-2538

☐ **Urgent**[1] ☐ **Non-Urgent**

Requested Drug Name: Votrient® (pazopanib)

Patient Information:	**Prescribing Provider Information:**
Patient Name:	Prescriber Name:
Member/Subscriber Number:	Prescriber Fax:
Policy/Group Number:	Prescriber Phone:
Patient Date of Birth (MM/DD/YYYY):	Prescriber Pager:
Patient Address:	Prescriber Address:
Patient Phone:	Prescriber Office Contact:
Patient Email Address:	Prescriber NPI:
	Prescriber DEA:
Prescription Date:	Prescriber Tax ID:
	Specialty/Facility Name (If applicable):
	Prescriber Email Address:

Prior Authorization Request for Drug Benefit: ☐ New Request ☐ Reauthorization

Patient Diagnosis and ICD Diagnostic Code(s):

Drug(s) Requested (with J-Code, if applicable):

Strength/Route/Frequency:

Unit/Volume of Named Drug(s):

Start Date and Length of Therapy:

Location of Treatment: (e.g. provider office, facility, home health, etc.) including name, Type 2 NPI (if applicable), address and tax ID:

Clinical Criteria for Approval, Including other Pertinent Information to Support the Request, other Medications Tried, Their Name(s), Duration, and Patient Response:

Votrient® (pazopanib)

Diagnosis (documentation supportive of diagnosis is required)

☐ Advanced Renal Cell Carcinoma (RCC) **with clear cell histology**
☐ Soft tissue sarcoma (STS) **excluding** adipocytic STS or gastrointestinal stromal tumors
☐ Other (please state): _____

Clinical Consideration (for approval, please indicate and provide documentation of the following):

☐ For Advanced RCC: documentation of clear cell histology required
☐ For STS: documentation of prior anthracycline-containing chemotherapy

Physician Specialty

☐ Oncology
☐ Other (please state):_____

☐ For use in clinical trial? (If yes, provide trial name and registration number):			
Drug Name (Brand Name and Scientific Name)/Strength:			
Dose:	Route:	Frequency:	
Quantity:	Number of Refills:		
Product will be delivered to: ☐ Patient's Home ☐Physician Office		Other:	
Prescriber or Authorized Signature:		Date:	
Dispensing Pharmacy Name and Phone Number:			
☐ **Approved** ☐ **Denied**			
If denied, provide reason for denial, and include other potential alternative medications, if applicable, that are found in the formulary of the carrier:			

1. A request for prior authorization that if determined in the time allowed for non-urgent requests could seriously jeopardize the life or health of the covered person or the ability of the covered person to regain maximum function, or subject the person to severe pain that cannot be adequately managed without the drug benefit contained in the prior authorization request

Votrient® (pazopanib)

CLASSIFICATION

- Antineoplastic
- Tyrosine Kinase Inhibitor

DESCRIPTION

- Pazopanib is a multi-tyrosine kinase inhibitor of vascular endothelial growth factor receptor (VEGFR)-1, VEGFR-2, VEGFR-3, platelet-derived growth factor receptor (PDGFR)-α and -β, fibroblast growth factor receptor (FGFR) -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).
- Pazopanib 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. Limitations of use: The efficacy of pazopanib for the treatment of patients with adipocytic STS or gastrointestinal stromal tumors has not been demonstrated.
- The efficacy for treatment of RCC was demonstrated in an international, multicenter, randomized, double-blind, placebo-controlled, phase 3 trial (n=435). Pazopanib monotherapy resulted in superior progression-free survival (PFS) compared with placebo (plus best supportive care) in patients with cytokine-pretreated or treatment-naive locally advanced or metastatic renal cell carcinoma (RCC). Adults with clear-cell or predominately clear-cell RCC who either progressed after 1 previous cytokine-based treatment (n=202) or without previous systemic treatment (n=233) were enrolled. The difference in overall median PFS (primary outcome) was 5 months (9.2 months in the pazopanib arm and 4.2 months in the placebo arm, hazard ratio 0.46; 95% CI 0.34 to 0.62; $p < 0.001$).
- Efficacy for treatment of **STS** was demonstrated in the PALETTE trial, a randomized, double-blind, placebo-controlled, multicenter, phase 3 trial (n=369). Patients with metastatic STS and progressive disease RECIST in the previous 6 months or in the previous 12 months for previous adjuvant treatment and who had received prior anthracycline-containing chemotherapy (maximum of 4 previous lines of systemic therapy for metastatic therapy and no more than 2 lines of combination regimens) were randomized to receive pazopanib 800 mg orally once daily (n=246) or placebo (n=123). Patients with gastrointestinal stromal tumors and adipocytic sarcoma were excluded; also excluded were patients with CNS or leptomeningeal metastases and previous treatment with angiogenesis or vascular endothelial growth factor (VEGF) inhibitors or drugs that target the VEGF receptor (previous exposure to mammalian target of rapamycin inhibitors was allowed). After a median followup of 14.9 months (IQR, 11 to 18.2 months) in the pazopanib arm and 14.6 months (IQR, 11.3 to 19.7 months) in the placebo arm, the difference in median PFS was 3 months (4.6 months for pazopanib arm vs. 1.6 months for the placebo arm; hazard ratio 0.31; 95% CI, 0.24 to 0.4; $p <0.0001$). After 280 events, median OS was not significantly different in the pazopanib arm compared with the placebo arm (12.5 (95% CI, 10.6 to 14.8) vs. 10.7 (95% CI, 8.7 to 12.8) months; hazard ratio, 0.86; 95% CI, 0.67 to 1.11; $p=0.2514$). The overall response rate, all partial responses, was 6% in the pazopanib arm compared with 0% in the placebo arm; stable disease was achieved in 67% and 38%, respectively.
- The most common adverse reactions in patients with advanced renal cell carcinoma (≥20%) are diarrhea, hypertension, hair color changes (depigmentation), nausea, anorexia, and vomiting.
- The most common adverse reactions in patients with advanced soft tissue sarcoma (≥20%) are fatigue, diarrhea, nausea, decreased weight, hypertension, decreased appetite, vomiting, tumor pain, hair color changes, musculoskeletal pain, headache, dysgeusia, dyspnea and skin hypopigmentation.

FORMULARY COVERAGE

Prior authorization: Required
Good Health Formulary: Tier 3
Commercial Formulary: Tier 3
Medicare Part D coverage: Tier 5

COVERAGE CRITERIA

Votrient® (pazopanib) meets the definition of **medical necessity** for the following:

- Pazopanib is indicated for the treatment of patients with advanced renal cell carcinoma (RCC). Documentation of diagnosis and clear-cell or predominantly clear-cell histology is required.
- Pazopanib is indicated for the treatment of patients with advanced soft tissue sarcoma (STS) who have received prior chemotherapy. Documentation of diagnosis and documentation of prior anthracycline-containing chemotherapy is required.

Votrient® (pazopanib) is considered **experimental** for the following:

- Any condition or diagnosis not FDA approved or Compendia supported
- Adipocytic STS or Gastrointestinal stromal tumors.

Required Provider Specialty:

- Approval is limited to Oncology

DOSAGE/ADMINISTRATION

Adult Dosing (safety and efficacy has not been determined for pediatric patients):

- Advanced Renal Cell Carcinoma: 800 mg ORALLY once daily without food; initial dose reduction should be 400 mg with additional dose decreases or increases in 200-mg increments based on tolerability; MAX dose 800 mg/day.
- Advanced Soft Tissue Sarcoma, in patients who have received prior chemotherapy: 800 mg ORALLY once daily without food; increase or decrease dose in 200-mg increments based on tolerability; MAX dose 800 mg/day.

PRECAUTIONS

Black Box Warning for Hepatotoxicity:

- Severe and fatal hepatotoxicity has been observed in clinical trials. This mostly occurred in the first 18 weeks of treatment. Monitor hepatic function before and during treatment. Dose reduction, interruption or discontinuation may be necessary.

Precautions:

- Increases in serum transaminase levels and bilirubin were observed. Severe and fatal hepatotoxicity has occurred. Measure liver chemistries before the initiation of treatment and regularly during treatment.
- Arterial thrombotic events (myocardial infarction or ischemia, ischemic stroke, and transient ischemic attack), including fatalities, have been reported. Use caution in patients with increased risk or history of these events. Use not recommended in patients who have experienced an event in the previous 6 months.
- Prolonged QT intervals and torsades de pointes have been observed. Use with caution in patients at higher risk of developing QT interval prolongation (e.g. history of QT interval prolongation, preexisting relevant cardiac disease, or concurrent use of antiarrhythmics or other QT-prolonging medications). Monitoring electrocardiograms and electrolytes should be considered.
- Cardiac dysfunction such as congestive heart failure and decreased left ventricular ejection fraction have occurred. Monitor blood pressure and manage hypertension promptly. Baseline and periodic evaluation of LVEF is recommended in patients at risk of cardiac dysfunction.
- Concomitant use with drugs with a narrow therapeutic window that are metabolized by CYP3A4, CYP2D6, or CYP2C8 is not recommended.
- Avoid concomitant use with grapefruit juice.

- Avoid concomitant use with strong CYP3A4 inducers (e.g. rifampin).
- Avoid concomitant use with strong CYP3A4 inhibitors (e.g. ketoconazole, ritonavir, clarithromycin). Reduce pazopanib dose if coadministration clinically indicated.
- Avoid concomitant use with strong breast cancer resistance protein inhibitors.
- Avoid concomitant use with strong P-glycoprotein inhibitors.
- Elderly (> 60 years of age) have possible increased risk of ALT elevation greater than 3 times the ULN.
- Gastrointestinal perforation and fistula, including fatal perforations, have been reported. Monitoring is recommended. Use with caution in patients at risk for gastrointestinal perforation or fistula.
- Gilbert's syndrome, in conjunction with ALT elevation greater than 3 times the ULN: dose interruption is recommended and discontinuation of therapy may be necessary.
- Hemorrhagic events, including fatalities, have been reported. Use is not recommended with hemoptysis, cerebral, or clinically significant gastrointestinal hemorrhage in past 6 months.
- Moderate hepatic impairment: dose reduction recommended.
- Severe hepatic impairment (total bilirubin > 3 times ULN): use is not recommended.
- Hypertension including hypertensive crisis has been observed, usually within the first 18 weeks of therapy. Blood pressure should be well-controlled prior to initiating Votrient. Monitor blood pressure within one week after starting Votrient and frequently thereafter. Dose reduction or discontinuation may be needed.
- Hypothyroidism may occur. Monitoring of thyroid function tests is recommended.
- Serious infections (with or without neutropenia), some with fatal outcome, have been reported. Monitor for signs and symptoms and treat active infection promptly. Interrupt or discontinue Votrient.
- Thrombotic microangiopathy (TMA), including thrombotic thrombocytopenic purpura (TTP) and hemolytic uremic syndrome (HUS) has been observed. Permanently discontinue Votrient if TMA occurs.
- Reversible Posterior Leukoencephalopathy Syndrome (RPLS) has been observed and can be fatal. Permanently discontinue Votrient in patients developing RPLS.
- Pregnancy should be avoided. Votrient can cause fetal harm when administered to a pregnant woman. Women of childbearing potential should be advised of the potential hazard to the fetus and to avoid becoming pregnant while taking Votrient. Animal studies have demonstrated Votrient can severely affect organ growth and maturation during early post-natal development. The safety and effectiveness in pediatric patients have not been established.
- Proteinuria, including 1 case of nephrotic syndrome, has been reported. Monitor urine protein. Interrupt treatment for 24-hour urine protein ≥3 grams and discontinue for repeat episodes despite dose reductions.
- Interruption of therapy with Votrient is recommended in patients undergoing surgical procedures due to risk of impaired wound healing. Temporary discontinuation is recommended for at least 7 days prior to scheduled surgery.
- Venous thromboembolic events (VTE) have been observed, including fatal pulmonary emboli (PE). Monitor for signs and symptoms of VTE and PE.

Billing/Coding information

HCPCS Coding:

C9399	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)
J8999	Prescription drug, oral, chemotherapeutic, Not Otherwise Specified

COST

- AWP (June 2013): Votrient 200mg oral (120): $8,556
- AWP (January 2014): Votrient 200mg oral (120): $9,241

COMMITTEE APPROVAL

- January 2010

GUIDELINE UPDATE INFORMATION

January 2010	Prior authorization created
June 2013	Prior authorization updated and coverage policy created
May 2014	Coverage policy updated

REFERENCES

- DRUGDEX®, accessed 06/03/2013, 5/7/2014
- Product Information: Votrient® (pazopanib), oral tablets. GlaxoSmithKline, Research Triangle Park, NC, 4/2012, 11/2013.