



Prior Authorization Approval Criteria

Votrient (pazopanib)

Generic name:	pazopanib
Brand name:	Votrient
Medication class:	Tyrosine Kinase Inhibitor
FDA-approved uses:	Treatment of patients with advanced renal cell carcinoma.
Available dosage forms:	200 mg tablets
Usual dose:	800mg orally once daily. (Doses should not exceed 800mg/day). Patients with moderate liver impairment should receive a reduced dose of 200mg once daily.
Approximate monthly cost: (based on AWP 2010)	\$6,595.00 per month
Duration of therapy:	Until disease progression

Criteria for use (*bullet points below are all inclusive unless otherwise noted*):

- The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient's medical records.
- Must be prescribed by an oncologist or hematologist.
- Clinically documented advanced renal cell carcinoma.

Criteria for continuation of therapy:

- Disease stable without tumor progression

Caution:

- Severe and fatal hepatotoxicity has been observed in clinical studies.

Monitoring:

- Votrient is associated with increases in liver enzymes: therefore, monitoring of liver function is recommended prior to initiation of therapy, every 4 weeks for at least the first 4 months of treatment, and periodically thereafter.

Contraindication:

- None listed at this time.

Not approved if:

- Patients have severe liver impairment
- Patient does not meet the above stated criteria.

Special Considerations:

- Votrient must be obtained from CVS Caremark Specialty Pharmacy Services Network. 1-800-237-2767.

FCHP Pharmacy and Therapeutics Committee approval: _____

Date: _____

Adopted: 03/10/10