Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

VOTRIENT (pazopanib)

GPI CODING:

21534070100320

DESCRIPTION:

Votrient is a kinase inhibitor indicated for the treatment of patients with advanced renal cell carcinoma.

APPROVAL DURATION:

Approval duration: 1 year

CRITERIA FOR VOTRIENT

I. Patient does not have concurrent elevations of alanine transaminase (ALT) greater than 3x ULN with bilirubin greater than 2x ULN

AND

II. Treatment of advanced renal cell carcinoma (RCC) OR

III. Off label uses for oncology drugs if considered medically acceptable in one or more of the following compendia (i.e., Micromedex DrugDex, AHFS, Clinical Pharmacology, and NCCN.) A use is identified by a compendium as medically accepted if the:

   A. Indication is a Category 1 or 2A in NCCN,
   B. Indication is a Class I, Class IIa or Class IIb in DrugDex,
   C. Narrative text in AHFS or Clinical Pharmacology is supportive; or
   D. The use is supported by clinical research in 2 or more peer-reviewed medical journals