



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2018 P 1015-6
Program	Prior Authorization/Notification
Medication	Caprelsa [®] (vandetanib)
P&T Approval Date	9/2011, 8/2012, 7/2013, 8/2014, 8/2015, 7/2016, 7/2017, 7/2018
Effective Date	10/1/2018; Oxford only: 10/1/2018

1. Background:

Caprelsa (vandetanib) is a kinase inhibitor indicated for the treatment of symptomatic or progressive medullary thyroid cancer in patients with unresectable locally advanced or metastatic disease.¹ The National Cancer Comprehensive Network (NCCN) recommends use of Caprelsa for the treatment of medullary, follicular, Hürthle cell, and papillary carcinomas.²

Caprelsa may be used in patients with indolent, asymptomatic or slowly progressing disease after careful consideration of the treatment related risks.¹

In addition, the National Cancer Comprehensive Network (NCCN) recommends use of Caprelsa as a targeted therapy for Non-Small Cell Lung Cancer in patients with RET rearrangements².

Coverage Information:

Members will be required to meet the criteria below for coverage. For members under the age of 19 years, the prescription will automatically process without a coverage review.

Some states mandate benefit coverage for off-label use of medications for some diagnoses or under some circumstances. Some states also mandate usage of other Compendium references. Where such mandates apply, they supersede language in the benefit document or in the notification criteria.

2. Coverage Criteria:

A. Patients less than 19 years of age

1. Caprelsa will be approved based on the following criterion:

(1) Patient is less than 19 years of age

Authorization will be issued for 12 months.

B. Thyroid Carcinoma

1. Initial Authorization

Caprelsa will be approved based on **one** of the following:

(1) **All** of the following criteria:

(a) Diagnosis of medullary thyroid cancer (MTC)

-AND-

(b) **One** of the following:

- i. Unresectable locally advanced disease
- ii. Metastatic disease

-AND-

(c) **One** of the following:

- i. Patient has symptomatic disease
- ii. Patient has progressive disease

-OR-

(2) **All** of the following criteria:

(a) **One** of the following diagnosis:

- i. Follicular Carcinoma
- ii. Hürthle Cell Carcinoma
- iii. Papillary Carcinoma

-AND-

(b) **One** of the following:

- i. Unresectable recurrent
- ii. Persistent locoregional disease
- iii. Metastatic disease

-AND-

(c) **One** of the following:

- i. Patient has symptomatic disease
- ii. Patient has progressive disease

-AND-

(d) Disease is refractory to radioactive iodine treatment

Authorization will be issued for 12 months.

2. Reauthorization

a. Caprelsa will be approved based on the following criterion:

- (1) Patient does not show evidence of progressive disease while on Caprelsa therapy

Authorization will be issued for 12 months.

C. Non-Small Cell Lung Cancer

1. Initial Authorization

a. Caprelsa will be approved based on **both** of the following:

- (1) Diagnosis of Non-Small Cell Lung Cancer (NSCLC)

-AND-

- (2) Disease is positive for RET gene rearrangement

Authorization will be issued for 12 months.

2. Reauthorization

a. Caprelsa will be approved based on the following criterion:

- (1) Patient does not show evidence of progressive disease while on Caprelsa therapy

Authorization will be issued for 12 months.

3. Additional Clinical Rules:

- Supply limits may be in place.

4. References:

1. Caprelsa [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; December 2016.
2. The NCCN Drugs and Biologics Compendium (NCCN Compendium™). Available at http://www.nccn.org/professionals/drug_compendium/content/contents.asp. Accessed May 31, 2018.

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Change Control	
8/2014	Annual review with no changes to the coverage criteria. Updated formatting, Background and References.
8/2015	Annual review. Added coverage for follicular, Hurthle Cell and papillary carcinomas per NCCN. Updated medullary carcinoma criteria. Updated background and references.
7/2016	Annual review. Revised criteria for thyroid carcinoma. Updated formatting, background and references.
7/2017	Annual review. Added criteria for NSCLC. Updated references.
7/2018	Annual review. Revised criteria for medullary thyroid cancer. Updated references.