MEDICATION POLICY:
Caprelsa®

Generic Name: Vandetanib

Therapeutic Class or Brand Name: Caprelsa

Applicable Drugs (if Therapeutic Class): N/A

Preferred: N/A

Non-preferred: N/A

Date of Origin: 2/1/2013

Date Last Reviewed / Revised: 2/13/2023

Prior Authorization Criteria

(May be considered medically necessary when criteria I through III are met)

I. Documented diagnosis of unresectable locally advanced or metastatic (stage III or IV) medullary thyroid cancer.

II. Minimum age requirement: 18 years old.

III. Treatment is prescribed by or in consultation with an oncologist or a hematologist.

IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

Exclusion Criteria

- Patients with congenital long QT syndrome.

Other Criteria

- N/A

Quantity / Days Supply Restrictions

- Doses are limited to 300 mg once daily. The quantity is limited to a maximum of a 30 day supply per fill.

Approval Length

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

Appendix

N/A

References

1. Caprelsa. Prescribing information. Genzyme Corporation; 2022. Accessed February 13, 2023. https://products.sanofi.us/caprelsa/caprelsa.pdf.
2. NCCN Clinical Practice Guidelines in Oncology. Thyroid carcinoma. V.3.2022. Updated November 1, 2022. https://www.nccn.org/professionals/physician_gls/pdf/thyroid.pdf. Accessed February 13, 2023.