

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.

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.