



PRIOR AUTHORIZATION POLICY

- POLICY:** Oncology – Caprelsa Prior Authorization Policy
- Caprelsa® (vandetanib tablets – AstraZeneca)

REVIEW DATE: 06/07/2023

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CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Caprelsa, a kinase inhibitor, is indicated for the treatment of symptomatic or progressive **medullary thyroid cancer** in patients with unresectable locally advanced or metastatic disease.¹

Guidelines

Caprelsa is discussed in guidelines from the National Comprehensive Cancer Network (NCCN). NCCN thyroid guidelines (version 2.2023 – May 18, 2023) lists surgery as the main treatment option for medullary thyroid cancer.^{2,3} Caprelsa (category 1) or Cometriq® (cabozantinib capsules) [category 1] are the preferred treatments for recurrent or persistent locoregional or distant metastatic disease. For differentiated thyroid cancer subtypes, the guidelines have changed the naming of Hürthle cell neoplasm to oncocytic carcinoma. The guidelines recommend that Caprelsa can be considered if clinical trials or other systemic therapies are not available or appropriate for the treatment of progressive and/or symptomatic locally recurrent, advanced, and/or metastatic disease that is not amendable to radioactive iodine (RAI) therapy; this recommendation is for differentiated thyroid cancer (e.g. follicular, oncocytic, and papillary cancer subtypes) [all category 2A].^{2,3}

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Caprelsa. All approvals are provided for the duration noted below.

- **Caprelsa® (vandetanib tablets (AstraZeneca)) is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):**

FDA-Approved Indication

1. Thyroid Carcinoma, Medullary. Approve for 1 year if the patient is \geq 18 years of age.

Other Uses with Supportive Evidence

2. Thyroid Carcinoma, Differentiated. Approve for 1 year if the patient meets the following criteria (A, B, and C):

A) Patient is \geq 18 years of age; AND

B) Patient has differentiated thyroid carcinoma; AND

Note: Examples of differentiated thyroid carcinoma include papillary, follicular, and oncocytic carcinoma (formerly Hürthle cell carcinoma).

C) The disease is refractory to radioactive iodine therapy.

CONDITIONS NOT COVERED

- **Caprelsa® (vandetanib tablets (AstraZeneca)) is(are) considered experimental, investigational or unproven for ANY other use(s).**

REFERENCES

1. Caprelsa® tablets [prescribing information]. Wilmington, DE: AstraZeneca; March 2022.
2. The NCCN Thyroid Carcinoma Clinical Practice Guidelines in Oncology (version 2.2023 – May 18, 2023). © 2023 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed May 26, 2023.
3. The NCCN Drugs and Biologics Compendium. © 2023 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed May 23, 2023. Search term: vandetanib.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	Thyroid Carcinoma, Medullary: The duration of approval was changed from 3 years to 1 year. Non-Small Cell Lung Cancer: This condition of approval and criteria were removed from the policy based on changes in the NCCN guidelines.	06/22/2022

	<p>Thyroid Carcinoma, Differentiated: The duration of approval was changed from 3 years to 1 year.</p> <p>Non-Small Cell Lung Cancer (NSCLC) [without RET gene rearrangements]: This indication was removed from Conditions Not Covered.</p>	
Annual Revision	<p>Thyroid Carcinoma, Differentiated: For examples of thyroid carcinoma, changed Hürthle cell carcinoma name to “oncocytic carcinoma (formerly Hürthle cell carcinoma)” based on guideline changes.</p>	06/07/2023

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