

**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** 11/18/2024

## PRIOR AUTHORIZATION CRITERIA

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

- I. Documentation of the following diagnosis AND must meet all criteria listed under the applicable diagnosis:  
FDA-Approved Indication
  - I. Medullary thyroid cancer and criteria i and ii are met:
    - i. Unresectable locally advanced or metastatic disease (stage III or IV).
    - ii. Symptomatic or progressive disease.
  - 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.
  - V. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

## 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; 2024. Accessed August 30, 2024. <https://products.sanofi.us/caprelsa/caprelsa.pdf>.
2. NCCN Clinical Practice Guidelines in Oncology. Thyroid carcinoma. V.4.2024. Updated August 19, 2024. [https://www.nccn.org/professionals/physician\\_gls/pdf/thyroid.pdf](https://www.nccn.org/professionals/physician_gls/pdf/thyroid.pdf). Accessed August 20, 2024.

**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.