PRIOR AUTHORIZATION POLICY

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

REVIEW DATE: 06/12/2024

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 2.2024 – March 12, 2024) 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 Regimens" 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.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA
Coverage of Caprelsa is recommended in those who meet one of the following criteria:

FDA-Approved Indication

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

Other Uses with Supportive Evidence

2. **Thyroid Carcinoma, Differentiated.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):
   - **A)** Patient is ≥ 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 RECOMMENDED FOR APPROVAL
Coverage of Caprelsa is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Caprelsa® tablets [prescribing information]. Wilmington, DE: AstraZeneca; March 2024.
2. The NCCN Thyroid Carcinoma Clinical Practice Guidelines in Oncology (version 2.2024 – March 12, 2024). © 2024 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed June 10, 2024.
3. The NCCN Drugs and Biologics Compendium. © 2024 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed June 10, 2024. Search term: vandetanib.