



Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have the following:

1. Symptomatic or progressive medullary thyroid cancer
2. Unresectable locally advanced disease or metastatic disease
3. No hypocalcemia, hypokalemia, or hypomagnesemia before the initiation of Caprelsa
4. No congenital long QT syndrome
5. Physician must complete Risk Evaluation and Mitigation Strategy (REMS) program.

Prior - Approval Limits

Quantity

| Strength | Quantity |
|----------|-----------------------------------|
| 100 mg | 270 tablets per 90 days OR |
| 300 mg | 90 tablets per 90 days |

Duration 12 months

Prior-Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Symptomatic or progressive medullary thyroid cancer

AND the following:

1. Physician must complete Risk Evaluation and Mitigation Strategy (REMS) program.



**BlueCross.
BlueShield.**

Federal Employee Program.

**CAPRELSA
(vandetanib)**

Prior-Approval *Renewal* Limits

Same as above