

Specialty Guideline Management

Caprelsa

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Caprelsa	vandetanib

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications

Treatment of symptomatic or progressive medullary thyroid cancer in patients with unresectable locally advanced or metastatic disease.

Use Caprelsa in patients with indolent, asymptomatic or slowly progressing disease only after careful consideration of the treatment related risks of Caprelsa.

Compendial Uses

Follicular, oncocytic/Hürthle cell, and papillary thyroid carcinoma

All other indications are considered experimental/investigational and not medically necessary.

Reference number(s)
1783-A

Coverage Criteria

Thyroid carcinoma

Authorization of 12 months may be granted for treatment of thyroid carcinoma when any of the following criteria are met:

- Member has follicular, oncocytic/Hürthle cell, or papillary thyroid carcinoma that is not amenable to radioactive iodine (RAI) therapy.
- Member has medullary thyroid carcinoma.

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting authorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Caprelsa [package insert]. Cambridge, MA: Genzyme Corporation; April 2024.
2. The NCCN Drugs & Biologics Compendium © 2024 National Comprehensive Cancer Network, Inc. <https://www.nccn.org>. Accessed July 31, 2024.