MEDICATION POLICY

Generic Name: Vandetanib

Therapeutic Class or Brand Name: Caprelsa®

Applicable Drugs (if Therapeutic Class)**:** N/A

Date of Origin: 2/1/13 **Date Last Reviewed/Revised:** 9/24/16

GPI Code: 2153408500

Prior Authorization Criteria (may be considered medically necessary when criteria I through III are met):

I. Documented diagnosis of unresectable locally advanced or metastatic (stage III or IV) medullary thyroid cancer.

II. Minimum age requirement: 18 years old.

III. The prescribing physician is an oncologist or a hematologist.

Exclusion Criteria:

- Patients with congenital long QT syndrome.

Other Criteria:

- N/A

Quantity/Days Supply Restrictions:

- Doses are limited to 300 mg per day. 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. http://blue.regence.com/trgmedpol/drugs/dru251.pdf.

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 judgment in providing the most appropriate care for their patients.

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2. Medi-Span.

3. http://www1.astrazeneca-us.com/pi/caprelsa.pdf.

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Historical Tracking Of Changes Made To Policy	
9/24/2016	1. Policy reviewed: no changes made.
3/24/2015	1. Policy reviewed: no changes made.
11/25/2013	1. **Adapted policy to new format.** 2. **Added GPI Code**. 3. **Changed** "Documented diagnosis of unresectable, locally advanced (stage III or IV) medullary thyroid cancer" **to** "Documented diagnosis of unresectable locally advanced or metastatic (stage III or IV) medullary thyroid cancer" **under Prior Authorization Criteria**. 4. **Changed** "Prescriber is an oncologist" **to** "The prescribing physician is an oncologist or a hematologist" **under Prior Authorization Criteria**. 5. **Added** "Patients with congenital long QT syndrome" **under Exclusion Criteria**. 6. **Updated references** to include Medi-Span.

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