

**Complete Patient and Physician information (PLEASE PRINT)**

STEP  
1

Member Name:	Physician Name:
Address:	Address:
Member ID:	Phone #:
Member DOB:	Fax #:
	Tax ID or NPI Number:

If Applicable: Pharmacy Name: \_\_\_\_\_ Pharmacy Phone: \_\_\_\_\_

**Complete the Clinical Assessment:**

**Please attach all relevant medical records and test results.**

STEP  
2

Diagnosis	<input type="checkbox"/> Symptomatic or progressive medullary thyroid cancer that is unresectable locally advanced or metastatic disease. <i>(Documentation of diagnosis required)</i>	<input type="checkbox"/> Other (please state): _____ _____ _____
Note:	<i>Use of vandetanib in patients with indolent, asymptomatic or slowly progressing medullary thyroid cancer should be carefully considered due to treatment related risks with use of vandetanib.</i>	
Clinical Consideration	<input type="checkbox"/> Past medical history NEGATIVE congenital long QT syndrome <input type="checkbox"/> Baseline QTcF interval is less than 450ms <input type="checkbox"/> Baseline labs (serum potassium, calcium, magnesium and TSH) within normal limits	
Physician Specialty	Diagnosis made by: <input type="checkbox"/> Oncologist <input type="checkbox"/> Endocrinologist <input type="checkbox"/> Other (please state): _____	<input type="checkbox"/> Enrolled in the Caprelsa REMS Program 1-800-236-9933 www.caprelsarems.com
Supporting Documentation	Diagnosis: ICD-9 Code #/ Description / J Code (required):	
	Please attach a copy of the prescription or provide ALL of the information below: Caprelsa® (vandetanib) Strength _____ Sig _____ Qty _____ Refills _____	
<p><b>We will not process incomplete forms.</b>  <b>If we do not receive the completed form &amp; all relevant medical records &amp; test results within 10 calendar days of this request, it will be denied.</b></p>		

STEP  
3

I certify that the above is correct and accurate to the best of my knowledge and that the form is complete.  
(please sign and date)

\_\_\_\_\_  
Prescriber Signature

\_\_\_\_\_  
Date

STEP  
4

**Fax completed form to the Rocky Mountain Health Plans Pharmacy Help Desk: 970-248-5034**

Name of Person filling out form: \_\_\_\_\_

Pharmacy Technician initials: \_\_\_\_\_ Date Initiated: \_\_\_\_\_

**Confidentiality Notice:**

This facsimile transmission (and/or documents accompanying it) may contain confidential information. This information is intended only for the use of the individual(s) named above. If you have received this transmission in error, or cannot identify the recipient for distribution purposes, please notify us immediately at 970-244-7760. Plans underwritten by Rocky Mountain HMO or Rocky Mountain HealthCare Options. 09/29/11

## RMHP Formulary Coverage Policy

THIS INFORMATION IS NOT ALL-INCLUSIVE AND IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY

### Caprelsa® (vandetanib)

#### CLASSIFICATION

- Antineoplastic agent, Tyrosine Kinase Inhibitor

#### DESCRIPTION

- Vandetanib is indicated for the treatment of symptomatic or progressive medullary thyroid cancer in patients with unresectable locally advanced or metastatic disease. In patients with indolent, asymptomatic or slowly progressing disease, treatment with vandetanib should be cautiously considered because of treatment-related risks of therapy.
- Progression-free survival was significantly improved with vandetanib compared with placebo in a double-blind, randomized study (n=331) in patients with unresectable locally advanced or metastatic medullary thyroid cancer.
- Vandetanib is a tyrosine kinase inhibitor. *In vitro* studies have shown that vandetanib inhibits the activity of tyrosine kinases in tumor cells and endothelial cells. This includes the epidermal growth factor receptor (EGFR) family, vascular endothelial cell growth factor (VEGF) receptors, rearranged during transfection (RET), protein tyrosine kinase 6 (BRK), TIE2, members of the EPH receptors kinase family, and members of the Src family of tyrosine kinases. There is no evidence of a relationship between RET mutations and efficacy with vandetanib. *In vitro* models of angiogenesis, vandetanib inhibits endothelial cell migration, proliferation, survival and new blood vessel formation.
- In a randomized, double-blind, placebo-controlled, phase 3 trial (n=331) in individuals with unresectable, locally advanced, or metastatic medullary thyroid cancer, progression-free survival was significantly improved with vandetanib (22.6 months) compared with placebo (16.4 months). No significant difference in overall survival was shown between the two groups. The overall objective response rate (all partial responses) was 44% for the vandetanib group compared with 1% for the placebo group.

#### FORMULARY COVERAGE

Prior authorization:	Required
Good Health Formulary:	Tier 3
Commercial Formulary:	Tier 3
Medicare Part D coverage:	Tier 5

#### COVERAGE CRITERIA

Caprelsa® (vandetanib) meets the definition of **medical necessity** for any FDA approved indication including the following:

- Symptomatic or progressive medullary thyroid cancer that is unresectable locally advanced or metastatic disease.

*Note: Use of vandetanib in patients with indolent, asymptomatic or slowly progressing medullary thyroid cancer should be carefully considered due to treatment related risks with use of vandetanib.*

Caprelsa® (vandetanib) is considered **experimental** for the following:

- Other forms of malignancy not otherwise supported in CMS approved drug compendia

Required Provider Specialty:

- Approval is limited to Oncology and Endocrinology

## **DOSAGE/ADMINISTRATION:**

Normal Dosing:

- The recommended dose of vandetanib for the treatment of medullary thyroid cancer in adults is 300mg orally once daily with or without food; continue treatment until treatment benefit no longer seen or unacceptable toxicity occurs.
- Prescribers and pharmacies must be registered with the Caprelsa REMS program and meet all of the requirements to prescribe and dispense vandetanib; the Caprelsa REMS program details and registration are available at 1-800-236-9933 or [www.caprelsarems.com](http://www.caprelsarems.com).

Dosage in Renal Failure

- Dose reduction to 200mg orally once daily is recommended in patients with moderate renal impairment (CrCl 30 to 50 mL/min) and severe renal impairment (CrCl <30 mL/min).

Dosage in Hepatic Insufficiency

- Vandetanib is not recommended for use in patients with moderate hepatic impairment (Child-Pugh Class B) or severe hepatic impairment (Child-Pugh Class C). Safety and efficacy have not been established.

Dosage Reductions with toxicity

- In the event of corrected QT interval, Fridericia (QTcF) greater than 500ms, interrupt dosing until QTcF returns to less than 450ms, then resume at a reduced dose.
- For CTCAE (Common Terminology Criteria for Adverse Events) grade 3 or greater toxicity, interrupt dosing until toxicity resolves or improves to CTCAE grade 1, and then resume at a reduced dose.
- Because of the 19-day half-life, adverse reactions including a prolonged QT interval may not resolve quickly
- The 300mg daily dose can be reduced to 200mg (two 100-mg tablets) and then to 100mg for CTCAE grade 3 or greater toxicities.

## **PRECAUTIONS:**

**Black Box Warning:** QT Prolongation, Torsades de Pointes, and Sudden Death

- Vandetanib can prolong the QT interval. Torsades de pointes and sudden death have been reported in patients receiving vandetanib.
- Vandetanib should not be used in patients with hypocalcemia, hypokalemia, hypomagnesemia, or long QT syndrome. These electrolyte imbalances must be corrected prior to vandetanib administration and should be periodically monitored.
- Drugs known to prolong the QT interval should be avoided. If a drug known to prolong the QT interval must be administered, more frequent ECG monitoring is recommended. Given the half-life of 19 days, ECGs should be obtained to monitor the QT interval at baseline, at 2 to 4 weeks and 8 to 12 weeks after starting treatment with vandetanib and every 3 months thereafter. Following any dose reduction for QT prolongation, or any dose interruptions greater than 2 weeks, QT assessment should be conducted as described above.

- Because of the 19-day half-life, adverse reactions including a prolonged QT interval may not resolve quickly. Monitor appropriately. Only prescribers and pharmacies certified with the restricted distribution program are able to prescribe and dispense vandetanib

### Contraindications:

- Congenital long QT syndrome

### Precautions:

- Do not start therapy if QTcF interval > 450ms.
- If QTcF interval > 500ms during therapy, temporarily discontinue therapy and resume at reduced dose.
- Concomitant use with antiarrhythmic drugs and other drugs known to prolong the QT interval (e.g. clarithromycin, chloroquine, dolasetron, granisetron, haloperidol, methadone, moxifloxacin, pimozide) should be avoided; if concomitant use is necessary, frequent monitoring is recommended.
- Restricted distribution program (Caprelsa REMS); enroll by calling 1-800-236-9933 or [www.caprelsarems.com](http://www.caprelsarems.com).
- If history of torsades de pointes, bradyarrhythmias or uncompensated heart failure, do not use because torsades de pointes, ventricular tachycardia, and sudden death have been reported.
- Temporarily discontinue therapy if Common Terminology Criteria for Adverse Events (CTCAE) grade 3 or greater toxicity; may resume at reduced dose.
- Avoid concomitant use with strong CYP3A4 inducers (e.g. carbamazepine, dexamethasone, phenobarbital, phenytoin, rifabutin, rifampin, rifapentine, St. John's Wort) should be avoided.
- Diarrhea, including severe cases that may result in electrolyte imbalances, has been reported; close monitoring recommended; interruption of therapy and dose reduction may be warranted.
- Heart failure has been reported (including fatal cases). Monitor and discontinue therapy if warranted.
- Use not recommended if recent history of hemoptysis of 1/2 teaspoon of red blood or greater.
- Hemorrhagic events, some fatal, have been reported; discontinue treatment for severe hemorrhage.
- Use not recommended if moderate to severe hepatic impairment (Child-Pugh B and C); no studies available.
- Hypertension, including hypertensive crisis, has been reported. Monitoring is recommended. Interruption of therapy or dose reduction may be warranted.
- Hypothyroidism has been reported; monitoring recommended.
- Interstitial lung disease (pneumonitis), resulting in death, has been reported; interruption or permanent discontinuation of therapy may be necessary depending on severity of symptoms.
- Ischemic cerebrovascular events, including fatal cases, have been reported; discontinue treatment in severe cases.
- Photosensitivity reactions have been reported; protective clothing and sunscreen recommended during therapy and for 4 months after discontinuation.
- Moderate (CrCl 30 to < 50 mL/min) and severe (CrCl < 30 mL/min) renal impairment require initial dose reduction and close monitoring.
- Reversible posterior leukoencephalopathy syndrome (RPLS) has been reported; consider treatment discontinuation in patients presenting with seizures, headache, visual disturbances, confusion, or altered mental function.
- Serious skin reactions, including Stevens-Johnson syndrome, with some cases resulting in death, have been reported; hold therapy until improvement if CTCAE grade 3 or greater skin reactions occur; continued treatment with a dose reduction or permanent discontinuation should be considered.
- Women of childbearing potential; known teratogen; pregnancy should be avoided with effective contraception during treatment and for at least 4 months following discontinuation.

## Billing/Coding information

### CPT Coding:

C9399	Unclassified drugs or biologicals
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J8999	Prescription drug, oral, chemotherapeutic, Not otherwise specified
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## HCPCS Coding:

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## ICD-9 Diagnoses Codes That Support Medical Necessity:

193; 198.89; 234.8	Malignant neoplasm of the thyroid
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## COST

- AWP (September 2011):
  - Caprelsa 300mg tablet (1): \$396.00
  - Caprelsa 100mg tablet (1): \$198.00

## COMMITTEE APPROVAL:

September 2011

## GUIDELINE UPDATE INFORMATION:

September 2011	Medical Policy Created
NCCN 2.2011 Version	Vandetanib was added as an option for the treatment of recurrent or persistent medullary thyroid carcinoma

## REFERENCES:

- DRUGDEX®, accessed 09/20/2011.
- Product Information: CAPRELSA® (vandetanib) tablets. AstraZeneca Pharmaceutical LP, Wilmington, DE, 2011.
- Version 2.2011, 03/25/11 © National Comprehensive Cancer Network, Inc. 2011.