



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

VANDETANIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
VANDETANIB	CAPRELSA	37531		GPI-10 (2153308500)	

**GUIDELINES FOR USE**

1. Is the patient currently stable on the requested medication?

If yes, approve for 12 months by GPID or GPI-14 as follows:

- Caprelsa 100mg: #2 per day.
- Caprelsa 300mg: #1 per day.

If no, continue to #2.

2. Does the patient have diagnosis of symptomatic or progressive medullary thyroid cancer with unresectable locally advanced or metastatic disease?

If yes, approve for 12 months by GPID or GPI-14 as follows:

- Caprelsa 100mg: #2 per day.
- Caprelsa 300mg: #1 per day.

If no, do not approve.

**DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline for **VANDETANIB (Caprelsa)** requires **ONE** of the following rule(s) be met for approval:

- A. You are currently stable on the requested medication
- B. You have symptomatic or progressive medullary thyroid cancer with unresectable locally advanced or metastatic disease (advanced thyroid cancer that cannot be removed with surgery or has spread in body)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Caprelsa.

**REFERENCES**

- Caprelsa [Prescribing Information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP. October 2018.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/10/21

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