PRIOR AUTHORIZATION POLICY

POLICY: Oncology – Caprelsa Prior Authorization Policy
- Caprelsa® (vandetanib tablets – AstraZeneca)

REVIEW DATE: 06/02/2021

OVERVIEW

Caprelsa is a kinase inhibitor indicated for the treatment of symptomatic or progressive **medullary thyroid cancer** in patients with unresectable locally advanced or metastatic disease.[1]

Guidelines

Caprelsa is discussed in guidelines from the National Comprehensive Cancer Network (NCCN):

- **Non-small cell lung cancer**: NCCN guidelines (version 4.2021 – March 3, 2021) recommends the use of single agent Caprelsa for RET gene rearrangements (category 2b).[2]
- **Thyroid carcinoma**: The NCCN guidelines (version 1.2021 – April 9, 2021) lists surgery as the main treatment option for medullary thyroid cancer.[3] Caprelsa (category 1) or Cometriq (cabozantinib capsules) (category 1) are the preferred treatment for unresectable locoregional disease and distant metastatic disease or progressive distant metastatic disease. The guidelines recommend that Caprelsa can be considered if clinical trials or other systemic therapies are not available or appropriate for the treatment of progressive and/or symptomatic unresectable locoregional recurrent or persistent disease or distant metastatic disease that is not amendable to radioactive iodine (RAI) therapy. This recommendation is for follicular, Hürthle cell, and papillary cancer subtypes (all category 2A).[4]

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Caprelsa. All approvals are provided for the duration noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Caprelsa is recommended in those who meet the following criteria:

FDA-Approved Indications

1. **Thyroid Carcinoma, Medullary.** Approve for 3 years if the patient is ≥ 18 years of age.

Other Uses with Supportive Evidence

2. **Non-Small Cell Lung Cancer.** Approve for 3 years if the patient meets the following criteria (A and B):
   A) Patient is ≥ 18 years of age; AND
   B) Patient has *RET* gene rearrangements.

3. **Thyroid Carcinoma, Differentiated.** Approve for 3 years if the patient meets the following criteria (A, B, and C):
   A) Patient is ≥ 18 years of age; AND

B) Patient has differentiated thyroid carcinoma; AND
Note: Examples of differentiated thyroid carcinoma include papillary, follicular, and Hürthle cell thyroid carcinoma.
C) The disease is refractory to radioactive iodine therapy.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Caprelsa is not recommended in the following situations:

1. **Non-Small Cell Lung Cancer (NSCLC) [Without *RET* Gene Rearrangements].** The efficacy of Caprelsa for the treatment of NSCLC was evaluated in four Phase III studies; three of these studies did not show any statistically significant improvement with Caprelsa with regards to progression free survival (PFS) or overall survival. In the ZEST (Zactima Efficacy Study versus Tarceva) study, Caprelsa was compared with Tarceva® (erlotinib tablets) in patients (n = 1,240) with advanced NSCLC who have had treatment failure with one or two prior cytotoxic chemotherapy regimens.[5] There was no significant improvement in PFS in patients treated with Caprelsa vs. Tarceva. In the second Phase III study (ZEPHYR), Caprelsa was assessed for overall survival benefit in patients with locally advanced or metastatic NSCLC who have had treatment failures with one or two previous chemotherapy regimens, including an EGFR tyrosine kinase inhibitor.[6] Patients (n = 924) were randomized 2:1 to receive either Caprelsa 300 mg/day or placebo. There was no statistically significant difference in the primary end point of overall survival in patients receiving Caprelsa or placebo. The estimated percentage of patients alive after 1 year was 35.5% vs. 31.7% for Caprelsa and placebo, respectively. In the ZODIAC (Zactima in cOmbination with Docetaxel In non-smAll cell lung Cancer) Phase III study, Caprelsa in combination with docetaxel was compared with placebo and docetaxel in patients (n = 1,391) with locally advanced or metastatic NCSLC after progression following platinum-based first-line chemotherapy.[7] PFS was statistically significant in the Caprelsa group compared with the placebo group for the overall population (median PFS 4.0 months with Caprelsa vs. 3.2 months with placebo; P < 0.0001). There were no significant differences between the two groups for the secondary endpoint of overall survival. In the ZEAL (Zactima Efficacy with Alimta in Lung cancer) study the efficacy of Caprelsa was assessed in combination with Alimta® (pemetrexed disodium injection) for the second-line treatment of patients with advanced NSCLC.[8] The primary efficacy endpoint of PFS was not statistically significantly different between the treatment groups. There were also no significant differences between the two groups for overall survival.

2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Caprelsa® [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; June 2020.
2. The NCCN Non Small Cell Lung Cancer Clinical Practice Guidelines in Oncology (version 4.2021 – March 3, 2021). © 2021 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed May 5, 2021.
3. The NCCN Thyroid Carcinoma Clinical Practice Guidelines in Oncology (version 1.2021 – April 9, 2021). © 2021 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed May 5, 2021.
4. The NCCN Drugs and Biologics Compendium. © 2021 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed May 5, 2021. Search term: vandetanib.
5. Natale RB, Thongprasert S, Greco FA, et al. Phase III trial of vandetanib compared with erlotinib in patients with previously treated advanced non-small-cell lung cancer. *J Clin Oncol.* 2011;29:1059-1066.
6. Lee JS, Hirsh V, Park K, et al. Vandetanib versus placebo in patients with advanced non-small-cell lung cancer after prior therapy with an epidermal growth factor receptor tyrosine kinase inhibitor: a randomized, double-blind Phase III trial (ZEPHYR). *J Clin Oncol.* 2012;30:1114-1121.

7. Herbst RS, Sun Y, Eberhardt WEE, et al. Vandetanib plus docetaxel versus docetaxel as second-line treatment for patients with advanced non-small-cell lung cancer (ZODIAC): a double-blind, randomised, phase 3 trial. *Lancet Oncol.* 2010;11:619-626.
8. De Boer RH, Arrieta O, Yang CH, et al. Vandetanib plus pemetrexed for the second-line treatment of advanced non-small-cell lung cancer: a randomized, double-blind phase III trial. *J Clin Oncol.* 2011;29:1067-1074.