

## vandetanib (CAPRELSA)

### Diagnosis Considered for Coverage:

- Advanced (*locally advanced, unresectable, relapsed/refractory, or metastatic*) medullary thyroid gland carcinoma
- Differentiated thyroid gland carcinoma (follicular, Hurthle cell, papillary)

### Coverage Criteria:

#### For diagnosis of medullary thyroid gland carcinoma:

- Being used for advanced, recurrent, refractory, or metastatic disease, **and**
- Dose does not exceed 300 mg per day.

#### For diagnosis of advanced differentiated (follicular, Hurthle cell, and papillary) thyroid cancer:

- Inadequate response, or intolerable side effect, or contraindication to Lenvima (lenvatinib) or Nexavar (sorafenib), **and**
- Being used as single agent therapy, **and**
- Dose does not exceed 300 mg per day.

### Coverage Duration: one year

Effective Date: 6/28/2023