

Federal Employee Program.

Blue Cross Blue Shield Association 750 9th St NW, Suite 900 Washington, D.C. 20001 1-800-624-5060 Fax 1-877-378-4727

5.21.160

Section: Prescription Drugs Effective Date: April 1, 2025

Subsection: Antineoplastic Agents Original Policy Date: January 1, 2021

Subject: Xeloda Page: 1 of 3

Last Review Date: March 7, 2025

Xeloda

Description

Xeloda (capecitabine)

Background

Xeloda (capecitabine) is a nucleoside metabolic inhibitor with antineoplastic activity. Enzymes convert capecitabine to 5-fluorouracil (5-FU) in vivo. Both normal and tumor cells metabolize 5-FU to 5-fluoro-2'-deoxyuridine monophosphate (FdUMP) and 5-fluorouridine triphosphate (FUTP). These metabolites cause cell injury which results in the inhibition of a precursor for DNA synthesis and also interferes with RNA processing and protein synthesis (1).

Regulatory Status

FDA-approved indications: Xeloda is indicated for: (1)

- Colon cancer
- Rectal cancer
- Colorectal cancer
- Breast cancer
- Gastric, esophageal, or gastroesophageal junction cancer
- Pancreatic cancer

Related policies

Policy

Section: Prescription Drugs Effective Date: April 1, 2025

Subsection: Antineoplastic Agents Original Policy Date: January 1, 2021

Subject: Xeloda Page: 2 of 3

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Xeloda may be considered **medically necessary** if the conditions indicated below are met.

Xeloda may be considered investigational for all other indications.

Prior-Approval Requirements

Diagnoses

Patient must have **ONE** of the following:

- 1. Colon cancer
- 2. Rectal cancer
- 3. Colorectal cancer
- 4. Breast cancer
- 5. Gastric, esophageal, or gastroesophageal junction cancer
- 6. Pancreatic cancer

AND the following for **ALL** diagnoses:

a. Patient **MUST** have tried the preferred product (generic Xeloda: capecitabine) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

Prior - Approval Renewal Requirements

Same as above

Policy Guidelines

Prior - Approval Limits

Duration 12 months

Prior - Approval Renewal Limits

Same as above

Section: Prescription Drugs Effective Date: April 1, 2025

Subsection: Antineoplastic Agents Original Policy Date: January 1, 2021

Subject: Xeloda Page: 3 of 3

Rationale

Summary

Xeloda (capecitabine) is a nucleoside metabolic inhibitor with antineoplastic activity. Enzymes convert capecitabine to 5-fluorouracil (5-FU) in vivo. Both normal and tumor cells metabolize 5-FU to 5-fluoro-2'-deoxyuridine monophosphate (FdUMP) and 5-fluorouridine triphosphate (FUTP). These metabolites cause cell injury which results in the inhibition of a precursor for DNA synthesis and also interferes with RNA processing and protein synthesis (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Xeloda while maintaining optimal therapeutic outcomes.

References

- 1. Xeloda [package insert]. South San Francisco, CA: Genentech, Inc.; December 2022.
- 2. NCCN Drugs & Biologics Compendium[®] Capecitabine 2025. National Comprehensive Cancer Network, Inc. Accessed on January 8, 2025.

| Policy History | |
|----------------|--|
| Date | Action |
| December 2020 | Addition to PA. Annual review |
| June 2021 | Annual review and reference update |
| September 2022 | Annual review and reference update |
| January 2023 | Per PI update, addition of indications: rectal cancer; gastric, esophageal, or gastroesophageal junction cancer; and pancreatic cancer |
| March 2023 | Annual review and reference update |
| June 2023 | Annual review and reference update |
| March 2024 | Annual review and reference update |
| June 2024 | Annual review and reference update |
| March 2025 | Annual review and reference update |
| Keywords | |

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 7, 2025 and is effective on April 1, 2025.