BlueCross BlueShield
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

5.21.016

Section:	Prescription Drugs	**Effective Date:**	April 1, 2026
Subsection:	Antineoplastic Agents	**Original Policy Date:**	February 10, 2012
Subject:	Caprelsa	**Page:**	1 of 5

Last Review Date: March 6, 2026

Caprelsa

Description

Caprelsa (vandetanib)

Background
Caprelsa (vandetanib) is a kinase inhibitor approved for the treatment of symptomatic or progressive medullary thyroid cancer in patients with unresectable locally advanced or metastatic disease. Caprelsa inhibits endothelial cell migration, proliferation, survival and new blood vessel formation in *in vitro* models of angiogenesis. Caprelsa inhibits EGFR-dependent cell survival *in vitro*. In addition, Caprelsa inhibits epidermal growth factor (EGF)–stimulated receptor tyrosine kinase phosphorylation in tumor cells and endothelial cells and VEGF-stimulated tyrosine kinase phosphorylation in endothelial cells (1).

Regulatory Status
FDA-approved indication: Caprelsa is a kinase inhibitor indicated for symptomatic or progressive medullary thyroid cancer in patients with unresectable locally advanced or metastatic disease (1).

Use Caprelsa in patients with indolent, asymptomatic, or slowly progressing disease only after careful consideration of the treatment related risks of Caprelsa (1).

Caprelsa carries a boxed warning of QT prolongation and torsades de pointes. Caprelsa can prolong the QT interval. Torsades de pointes and sudden death have been reported in patients receiving Caprelsa. Caprelsa should not be used in patients with hypocalcemia, hypokalemia, hypomagnesemia, or congenital long QT syndrome. Hypocalcemia, hypokalemia, and/or

hypomagnesemia must be corrected prior to Caprelsa administration and should be periodically monitored. Drugs known to prolong the QT interval should be avoided. 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 Caprelsa, and every 3 months thereafter. Following any dose reduction for QT prolongation or any dose interruptions of more than 2 weeks, QT assessment should be conducted as previously described. Because of the 19-day half-life, adverse reactions, including a prolonged QT interval, may not resolve quickly (1).

Safety and effectiveness of Caprelsa in pediatric patients have not been established (1).

Related policies
Retevmo

Policy

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

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

Caprelsa may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Symptomatic or progressive medullary thyroid cancer

AND ALL of the following:

1. Unresectable locally advanced disease or metastatic disease
2. **NO** hypocalcemia, hypokalemia, or hypomagnesemia before the initiation of Caprelsa
3. **NO** congenital long QT syndrome

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Symptomatic or progressive medullary thyroid cancer

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity

Strength	Quantity
100 mg	270 tablets per 90 days **OR**
300 mg	90 tablets per 90 days

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Caprelsa is a kinase inhibitor indicated for symptomatic or progressive medullary thyroid cancer in patients 18 years of age or older, with unresectable locally advanced or metastatic disease. Caprelsa should not be used in patients with hypocalcemia, hypokalemia, hypomagnesemia, or congenital long QT syndrome. Hypocalcemia, hypokalemia, and/or hypomagnesemia must be corrected prior to Caprelsa administration and should be periodically monitored (1).

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

References

1. Caprelsa [package insert]. Cambridge, MA: Genzyme Corporation; January 2026.
2. NCCN Drugs & Biologics Compendium® Vandetanib 2026. National Comprehensive Cancer Network, Inc. Accessed on January 20, 2026.

Policy History

Date	Action
February 2012	New addition
March 2013	Annual editorial review and reference update
March 2014	Annual review and reference update
June 2015	Annual editorial review
June 2016	Annual editorial review and reference update Policy number changed from 5.04.16 to 5.21.16
June 2017	Annual editorial review and reference update
June 2018	Annual editorial review Addition of quantity limits to criteria
June 2019	Annual review and reference update
June 2020	Annual review
September 2020	Annual review and reference update
March 2021	Annual editorial review
March 2022	Annual review and reference update
March 2023	Annual review and reference update. Changed policy number to 5.21.016
March 2024	Annual review and reference update
March 2025	Annual review and reference update
March 2026	Annual review and reference update. Per PI update, removed REMS requirement

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 6, 2026 and is effective on April 1, 2026.