

PRIOR AUTHORIZATION POLICY

POLICY: Oncology – Capecitabine Prior Authorization

- Xeloda® (capecitabine tablets – Genentech, generic)

REVIEW DATE: 07/27/2022; selected revision 09/14/2022

OVERVIEW

Capecitabine, a nucleoside metabolic inhibitor with antineoplastic activity, is indicated for the following uses:¹

- **Breast cancer**, treatment of advanced or metastatic disease:
 - In combination with docetaxel after disease progression on prior anthracycline-containing chemotherapy.
 - As a single agent if an anthracycline- or taxane-containing chemotherapy is not indicated.
- **Colorectal cancer:**
 - Adjuvant treatment of patients with Stage III colon cancer as a single agent or as a component of a combination chemotherapy regimen.
 - Perioperative treatment of adults with locally advanced rectal cancer as a component of chemoradiotherapy.
 - Treatment of patients with unresectable or metastatic colorectal cancer as a single agent or as a component of a combination chemotherapy regimen.
- **Gastric, esophageal, or gastroesophageal junction cancer**, treatment of adults with:
 - Unresectable or metastatic disease as a component of a combination chemotherapy regimen.
 - HER2-overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma who have not received prior treatment for metastatic disease as a component of a combination regimen.
- **Pancreatic Cancer**, adjuvant treatment of adults with pancreatic adenocarcinoma as a component of a combination chemotherapy regimen.

Guidelines

The National Comprehensive Cancer Network (NCCN) Compendium recommends use of capecitabine for the indications listed in the FDA-Approved Indications and Other Uses with Supportive Evidence sections.²

POLICY STATEMENT

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

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

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

FDA-Approved Indications

1. **Breast Cancer.** Approve for 1 year if the patient is ≥ 18 years of age.

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2. **Colon Cancer.** Approve for 1 year if the patient is ≥ 18 years of age.
3. **Esophageal and Esophagogastric Junction Cancers.** Approve for 1 year if the patient is ≥ 18 years of age.
4. **Gastric Cancer.** Approve for 1 year if the patient is ≥ 18 years of age.
5. **Pancreatic Adenocarcinoma.** Approve for 1 year if the patient is ≥ 18 years of age.

Other Uses with Supportive Evidence

6. **Ampullary Adenocarcinoma.** Approve for 1 year if the patient is ≥ 18 years of age.
7. **Anal Carcinoma.** Approve for 1 year if the patient is ≥ 18 years of age.
8. **Central Nervous System Cancers.** Approve for 1 year if the patient is ≥ 18 years of age.
9. **Gestational Trophoblastic Neoplasia.** Approve for 1 year if the patient is ≥ 18 years of age.
10. **Head and Neck Cancers.** Approve for 1 year if the patient is ≥ 18 years of age.
11. **Hepatobiliary Cancers.** Approve for 1 year if the patient is ≥ 18 years of age.
12. **Neuroendocrine and Adrenal Tumors.** Approve for 1 year if the patient is ≥ 18 years of age.
13. **Occult Primary.** Approve for 1 year if the patient is ≥ 18 years of age.
14. **Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer.** Approve for 1 year if the patient is ≥ 18 years of age.
15. **Penile Cancer.** Approve for 1 year if the patient is ≥ 18 years of age.
16. **Rectal Cancer.** Approve for 1 year if the patient is ≥ 18 years of age.
17. **Small Bowel Adenocarcinoma.** Approve for 1 year if the patient is ≥ 18 years of age.
18. **Squamous Cell Skin Cancer.** Approve for 1 year if the patient is ≥ 18 years of age.
19. **Thymomas and Thymic Carcinomas.** Approve for 1 year if the patient is ≥ 18 years of age.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of capecitabine is not recommended in the following situations:

1. 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. Xeloda[®] tablets [prescribing information]. South San Francisco, CA: Genentech; December 2022.

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2. The NCCN Drugs & Biologics Compendium. © 2022 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on July 25, 2022. Search terms: capecitabine.