Reference number(s)
1675-A

POLICY Document for XELODA (capecitabine)

The overall objective of this policy is to support the appropriate and cost effective use of the medication. This document provides specific information to each section of the overall policy.

Section 1: Clinical Criteria
- Policy information specific to the clinical appropriateness for the medication

Section 2: Oncology Clinical Policy
- Policy information specific to regimen review per NCCN Guidelines.

Section 1: Clinical Criteria

XELODA (capecitabine)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications
1. Colorectal Cancer
   a. Xeloda is indicated as a single agent for adjuvant treatment in patients with Dukes' C colon cancer who have undergone complete resection of the primary tumor when treatment with fluoropyrimidine therapy alone is preferred.
   b. Xeloda is indicated as first-line treatment in patients with metastatic colorectal carcinoma when treatment with fluoropyrimidine therapy alone is preferred.
2. Breast Cancer
   a. Xeloda in combination with docetaxel is indicated for the treatment of patients with metastatic breast cancer after failure of prior anthracycline-containing chemotherapy.
   b. Xeloda monotherapy is also indicated for the treatment of patients with metastatic breast cancer resistant to both paclitaxel and an anthracycline-containing chemotherapy regimen or resistant to paclitaxel and for whom further anthracycline therapy is not indicated, for example, patients who have received cumulative doses of 400 mg/m^2 of doxorubicin or doxorubicin equivalents.

B. Compendial Uses
1. Anal cancer

2. Breast cancer
3. Central nervous system (CNS) metastases from breast cancer
4. Colorectal Cancer
5. Esophageal and esophagogastric junction cancer
6. Gastric cancer
7. Head and neck cancers (including very advanced head and neck cancer)
8. Hepatobiliary cancers (including extrahepatic and intra-hepatic cholangiocarcinoma and gallbladder cancer)
9. Occult primary tumors (cancer of unknown primary)
10. Ovarian cancer, fallopian tube cancer, and primary peritoneal cancer: Epithelial ovarian cancer, fallopian tube cancer, primary peritoneal cancer, mucinous cancer, carcinosarcoma (malignant mixed Mullerian tumors), clear cell carcinoma, grade 1 endometrioid carcinoma, low-grade serious carcinoma/ovarian borderline epithelial tumor (low malignant potential) with invasive implants
11. Pancreatic adenocarcinoma
12. Penile cancer
13. Neuroendocrine and adrenal tumors
14. Thymomas and Thymic Carcinomas
15. Gestational Trophoblastic Neoplasia
16. Small bowel adenocarcinoma
17. Squamous cell skin cancer

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

A. Colorectal Cancer (CRC)

Authorization of 12 months may be granted for treatment of colorectal cancer.

B. Breast Cancer

Authorization of 12 months may be granted for treatment of breast cancer in members when any of the following criteria are met:

1. Member has human epidermal growth factor receptor 2 (HER2) negative recurrent or metastatic disease, as a single agent or in combination with docetaxel; or
2. Member has early-stage HER2 negative postoperative residual disease, as a single agent
3. Member has HER2 positive advanced, recurrent, unresectable, or metastatic disease, in combination with a HER2 inhibitor (e.g., margetuximab-cmkb [Margenza], trastuzumab [Herceptin], lapatinib [Tykerb], or neratinib [Nerlynx]), as subsequent therapy; or
4. Member has HER2 positive recurrent, advanced unresectable, or metastatic disease, in combination with trastuzumab and tucatinib, when one or more prior anti-HER2-based regimens were received in the metastatic setting; or
5. Xeloda will be used in combination with ixabepilone for treatment of metastatic or locally advanced disease; or
6. Xeloda will be used as adjuvant therapy.

C. Neuroendocrine and Adrenal Tumors

Authorization of 12 months may be granted for treatment of ANY of the following:

1. Member has neuroendocrine and adrenal tumors of the gastrointestinal tract, lung, or thymus (carcinoid tumors); or
2. Member has neuroendocrine and adrenal tumors of the pancreas; or
3. Member has poorly differentiated (high grade)/large or small cell disease, in combination with temozolomide; or

4. Member has well differentiated grade 3 neuroendocrine tumors, in combination with temozolomide or as a component of CAPEOX (capecitabine and oxaliplatin) regimen

D. Pancreatic Adenocarcinoma
Authorization of 12 months may be granted for treatment of pancreatic adenocarcinoma.

E. Esophageal and Esophagogastric Junction Cancers
Authorization of 12 months may be granted for treatment of esophageal and esophagogastric junction cancers.

F. Gastric Cancer
Authorization of 12 months may be granted for treatment of gastric cancer.

G. Hepatobiliary Cancers
Authorization of 12 months may be granted for treatment of hepatobiliary cancers (including extrahepatic and intrahepatic cholangiocarcinoma and gallbladder cancer).

H. Ovarian Cancer, Fallopian Tube Cancer, and Primary Peritoneal Cancer
Authorization of 12 months may be granted for treatment of ANY of the following:
a. As a single agent therapy for persistent or recurrent epithelial ovarian cancer, fallopian tube cancer, primary peritoneal cancer, carcinosarcoma (malignant mixed Mullerian tumors), clear cell carcinoma, grade 1 endometrioid carcinoma, low-grade serious carcinoma/ovarian borderline epithelial tumor (low malignant potential) with invasive implants; or
b. Member has mucinous carcinoma and when either of the following criteria are met:
    a. Xeloda will be used in combination with oxaliplatin as adjuvant treatment; or
    b. Xeloda will be used as a single agent or in combination with oxaliplatin for treatment of persistent or recurrent disease.

I. Head and Neck Cancers
Authorization of 12 months may be granted for treatment of head and neck cancers (including very advanced head and neck cancer), as a single agent.

J. Occult Primary Tumors (cancer of unknown primary)
Authorization of 12 months may be granted for treatment of occult primary tumors.

K. Penile Cancer
Authorization of 12 months may be granted for treatment of penile cancer, as a single agent.

L. Anal Cancer
Authorization of 12 months may be granted for treatment of anal cancer with concurrent chemoradiation in combination with mitomycin.

M. Thymomas and Thymic Carcinomas
Authorization of 12 months may be granted for treatment of thymomas and thymic carcinomas in combination with gemcitabine.

N. Gestational Trophoblastic Neoplasia
Authorization of 12 months may be granted for treatment of gestational trophoblastic neoplasia.

O. Small Bowel Adenocarcinoma
Authorization of 12 months may be granted for treatment of small bowel adenocarcinoma, including advanced ampullary cancer.

P. Squamous Cell Skin Cancer
Authorization of 12 months may be granted for treatment of squamous cell skin cancer when all of the following criteria are met:
1. Disease is unresectable/inoperable, locally advanced, recurrent, or metastatic
2. Member is ineligible for or has progressed on immune checkpoint inhibitors and clinical trials
3. Xeloda will be used as a single agent.

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section II when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

Section 2: Oncology Clinical Policy

Oncology Clinical Policy

Program Description

The National Comprehensive Care Network® (NCCN®) is an alliance of leading cancer centers devoted to patient care, research and education dedicated to improving the quality, effectiveness and efficiency of cancer care so patients can live better lives.[1] It is comprised of oncology experts who convene regularly to establish the best treatments for patients. NCCN develops various resources for use by stakeholders in the health care delivery system. These resources include, but are not limited to, the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®), the NCCN Drugs & Biologics Compendium (NCCN Compendium®) and the NCCN Chemotherapy Order Templates (NCCN Templates®).

NCCN templates are based on NCCN Clinical Practice Guidelines and NCCN Compendium. The NCCN Compendium lists the appropriate drugs and biologics for specific cancers using U.S. Food and Drug Administration (FDA)-approved disease indications and specific NCCN panel recommendations. Each recommendation is supported by a level of evidence category.

NCCN Categories of Evidence and Consensus[2]
Category 1: Based on high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.
Category 2A: Based on lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.
Category 2B: Based on lower-level evidence, there is NCCN consensus that the intervention is appropriate.
Category 3: Based any level of evidence, there is major NCCN disagreement that the intervention is appropriate.

Policy for Regimen Prior Authorization

A regimen prior authorization allows submission of a single prior authorization request for all oncology drugs or biologics within an NCCN template that require prior authorization.

This policy provides coverage of a regimen review when *all* of the following criteria are met:

a. Regimen prior authorization reviews, based on NCCN templates, are initiated through the provider portal: https://provider.carefirst.com/providers/home.page

b. If the prior authorization request is submitted via phone or fax, each drug or biologic will need to be submitted and reviewed as a separate prior authorization request for review with drug-specific criteria.

2. The prior authorization review is requested for an oncology drug or biologic that requires prior authorization on the medical benefit.
3. The indication is for a cancer that is eligible for regimen review. Currently, the cancer types in scope for regimen review include breast, lung, colon and rectal cancer.
4. The member is eligible for regimen review.

In addition, the following criteria must be met for approval:
1. The requested regimen for the drug(s) or biologic(s) and indication is consistent with an NCCN recommendation with a level of evidence category of 1 or 2A.
2. The NCCN template must be accepted by the provider without modification.

Authorizations may be granted for 12 months.
Further review may be indicated where the above criteria are not met.

Continuation of Therapy

To submit a request for continuation of therapy, a new regimen prior authorization review must be requested. Upon template selection, the template must be modified to include the appropriate therapies being used for maintenance treatment. The regimen request will be submitted for further review.

Dosage and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia and/or evidence-based practice guidelines.

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SECTION 1

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SECTION 2

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5. National Comprehensive Cancer Network. NCCN Chemotherapy Order Templates (NCCN Templates) website. https://www.nccn.org/professionals/OrderTemplates/Default.aspx, accessed September 16, 2019. (Note: A subscription may be required.)