Reference number(s)
1993-A

SPECIALTY GUIDELINE MANAGEMENT

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 for the adjuvant treatment of patients with Stage III colon cancer as a single agent or as a component of a combination chemotherapy regimen.
   b. Xeloda is indicated for the perioperative treatment of adults with locally advanced rectal cancer as a component of chemoradiotherapy.
   c. Xeloda is indicated for the treatment of patients with unresectable or metastatic colorectal cancer as a single agent of as a component of a combination chemotherapy regimen.
2. Breast Cancer
   a. Xeloda is indicated for the treatment of patients with advanced or metastatic breast cancer as a single agent if an anthracycline- or taxane-containing chemotherapy is not indicated.
   b. Xeloda is indicated for the treatment of patients with advanced or metastatic breast cancer in combination with docetaxel after disease progression on prior anthracycline-containing chemotherapy.
3. Gastric, Esophageal, or Gastroesophageal Junction Cancer
   a. Xeloda is indicated for the treatment of adults with unresectable or metastatic gastric, esophageal, or gastroesophageal junction cancer as a component of a combination chemotherapy regimen.
   b. Xeloda is indicated for the treatment of adults with HER2-overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma who have not received prior treatment for metastatic disease as a component of a combination regimen.
4. Pancreatic Cancer
   Xeloda is indicated for the adjuvant treatment of adults with pancreatic adenocarcinoma as a component of a combination chemotherapy regimen.

B. Compendial Uses
1. Ampullary Adenocarcinoma
2. Anal carcinoma
3. Breast cancer
4. Central nervous system (CNS) metastases from breast cancer
5. Colorectal Cancer (including anal adenocarcinoma and appendiceal adenocarcinoma)
6. Esophageal and esophagogastric junction cancer
7. Gastric cancer
8. Head and neck cancers (including very advanced head and neck cancer)
9. Biliary tract cancers (including extrahepatic and intra-hepatic cholangiocarcinoma and gallbladder cancer)
10. Occult primary tumors (cancer of unknown primary)
11. 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
12. Pancreatic adenocarcinoma
13. Penile cancer
14. Neuroendocrine and adrenal tumors
15. Thymomas and Thymic Carcinomas
16. Gestational Trophoblastic Neoplasia
17. Small bowel adenocarcinoma
18. Squamous cell skin cancer
19. Cervical cancer
20. Endometrial carcinoma
21. Vulvar 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, including anal adenocarcinoma and appendiceal adenocarcinoma.

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 advanced, recurrent unresectable, or metastatic disease or member had no response to preoperative systemic therapy, as a single agent or in combination with docetaxel; or
2. Member has early-stage HER2 negative postoperative residual disease, as a single agent; or
3. Member has HER2 positive advanced, recurrent unresectable, or metastatic disease or member had no response to preoperative systemic therapy, and the requested medication will be used as subsequent therapy in combination with trastuzumab and tucatinib or in combination with a HER2 inhibitor (e.g., margetuximab-cmkb [Margenza], trastuzumab [Herceptin], lapatinib [Tykerb], neratinib [Nerlynx]); or
4. The requested medication will be used in combination with ixabepilone for treatment of metastatic or locally advanced disease; or
5. Member has triple negative disease and meets one of the following criteria:
   a. The requested medication will be used as adjuvant therapy; or
   b. The requested medication will be used as maintenance therapy following adjuvant chemotherapy; or
   c. The requested medication with be used for advanced, recurrent unresectable, or metastatic disease or member had no response to preoperative systemic therapy, as a single agent or in combination with docetaxel
6. Member has brain metastases in breast cancer and the requested medication will be used as initial therapy or for recurrent or relapsed disease.

C. Neuroendocrine and Adrenal Tumors

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

1. Member has neuroendocrine tumors of the gastrointestinal tract, lung, or thymus (carcinoid tumors); or
2. Member has neuroendocrine and adrenal tumors of the pancreas, in combination with temozolomide or as a component of CAPEOX (capecitabine and oxaliplatin) regimen; or

3. Member has extrapulmonary poorly differentiated disease/large or small cell disease/mixed neuroendocrine-non-neuroendocrine neoplasm, in combination with temozolomide or with concurrent or sequential radiation; 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. Biliary Tract Cancers
Authorization of 12 months may be granted for treatment of biliary tract 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:
1. 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, or grade 1 endometrioid carcinoma; or
2. Member has low-grade serous carcinoma/borderline epithelial tumor and the requested medication will be used as a single agent for platinum-sensitive or platinum-resistant recurrence
3. Member has mucinous carcinoma of the ovary and either of the following criteria are met:
   a. The requested medication will be used in combination with oxaliplatin as adjuvant treatment; or
   b. The requested medication will be used as a single agent or in combination with oxaliplatin for treatment of persistent or relapsed/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, as a single agent or as a component of CAPEOX (capecitabine and oxaliplatin) regimen.

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

L. Anal Carcinoma
Authorization of 12 months may be granted for treatment of anal carcinoma when any of the following criteria are met:
1. The requested drug will be used as concurrent chemoradiation in combination with mitomycin.
2. The requested drug will be used with radiation after primary treatment of metastatic disease, as a single agent.

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, as a single agent.

O. Small Bowel Adenocarcinoma
Authorization of 12 months may be granted for treatment of small bowel adenocarcinoma.

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 locally advanced, distant metastatic, recurrent, or regional disease that is unresectable, inoperable, incompletely resected
2. Member is ineligible for or has progressed on immune checkpoint inhibitors and clinical trials
3. The requested medication will be used as a single agent.

Q. Ampullary Adenocarcinoma
Authorization of 12 months may be granted for treatment of ampullary adenocarcinoma.

R. Cervical Cancer
Authorization of 12 months may be granted for cervical cancer when all of the following criteria are met:
1. The requested drug will be used as concurrent chemoradiation in combination with mitomycin.
2. The requested drug will be used if cisplatin and carboplatin are unavailable.

S. Endometrial Carcinoma
Authorization of 12 months may be granted for endometrial carcinoma when all of the following criteria are met:
1. The requested drug will be used as primary treatment as concurrent chemoradiation in combination with mitomycin.
2. The requested drug will be used if cisplatin and carboplatin are unavailable.

T. Vulvar Cancer
Authorization of 12 months may be granted for vulvar cancer when all of the following criteria are met:
1. The requested drug will be used as concurrent chemoradiation in combination with mitomycin.
2. The requested drug will be used if cisplatin is unavailable.

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.

IV. REFERENCES

1. Xeloda [package insert]. South San Francisco, CA: Genentech, Inc.; December 2022.
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5. Lexicomp [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed July 6, 2023.
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