Clinical Policy: Capecitabine (Xeloda)

Reference Number: PA.CP.PHAR.60
Effective Date: 01/18
Last Review Date: 04/19

Coding Implications
Revision Log

Description
Capecitabine (Xeloda®) is nucleoside metabolic inhibitor with antineoplastic activity.

FDA Approved Indication(s)
Xeloda is indicated for the treatment of:

- Adjuvant colon cancer
  - Patients with Dukes' C colon cancer
- Metastatic colorectal cancer
  - First-line as monotherapy when treatment with fluoropyrimidine therapy alone is preferred
- Metastatic breast cancer
  - In combination with docetaxel after failure of prior anthracycline containing therapy
  - As monotherapy in patients resistant to both paclitaxel and an anthracycline-containing regimen

Policy/Criteria
It is the policy of health plans affiliated with Pennsylvania Health and Wellness® that capecitabine is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Colorectal Cancer and Breast Cancer (must meet all)**:**

1. Diagnosis of one of the following:
   a. Colorectal cancer;
   b. Breast cancer and meets one of the following (a or b):
      i. Disease is recurrent or metastatic;
      ii. Xeloda is prescribed as adjuvant therapy
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. At the time of request, member does not have severe renal impairment (creatinine clearance < 30 ml/min);
5. Request meets one of the following (a or b):
   a. Dose does not exceed 1250 mg/m^2 twice a day on days 1 to 14, every 21 days;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 6 months

B. Anal Carcinoma (off-label) (must meet all)**:**

1. Diagnosis of anal squamous cell carcinoma;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;

4. Xeloda is prescribed concurrently with chemoradiation in combination with mitomycin;
5. Dose is within FDA maximum limit for any FDA approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 6 months

C. Neuroendocrine Tumors of the Pancreas (off-label) (must meet all)**:**

1. Diagnosis of neuroendocrine tumors of the pancreas;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. At the time of request, member does not have severe renal impairment (creatinine clearance < 30 ml/min);
5. Dose is within FDA maximum limit for any FDA approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 6 months

D. Additional NCCN Recommended Uses (off-label) (must meet all)**:**

1. Prescribed for one of the following diagnoses:
   a. Gastric, esophageal or esophagogastric junction cancer;
   b. Gestational trophoblastic neoplasia;
   c. Advanced head and neck cancer;
   d. Hepatobiliary cancer (i, ii, or iii):
      i. Extrahepatic cholangiocarcinoma;
      ii. Gallbladder cancer;
      iii. Intrahepatic cholangiocarcinoma;
   e. Neuroendocrine tumor (i or ii):
      i. Neuroendocrine tumor in the gastrointestinal tract with poorly controlled carcinoid syndrome;
      ii. Extrapulmonary neuroendocrine tumor (a or b):
         a. Disease is poorly differentiated (i.e., high grade) neuroendocrine carcinoma;
         b. Disease is large or small cell carcinoma;
   f. Occult primary cancer (cancer of unknown origin) as a component of CapeOx regimen;
   g. Ovarian or fallopian tube or primary peritoneal cancer;
   h. Pancreatic cancer;
   i. Penile cancer;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. At the time of request, member does not have severe renal impairment (creatinine clearance < 30 ml/min);
5. Dose is within FDA maximum limit for any FDA approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 6 months

Other diagnoses/indications: Refer to PA.CP.PMN.53 -.

II. Continued Approval

A. All Indications (must meet all)**:**

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met all initial approval criteria or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. Member has none of the following reasons to discontinue capecitabine:
   a. Disease progression;
   b. Unacceptable toxicity, including severe mucocutaneous reaction possibly attributable to capecitabine treatment;
   c. Severe renal impairment (creatinine clearance < 30 mL/min);
   d. Known absent DPD activity;
   e. Hypersensitivity to capecitabine or to any product components;
   f. Hypersensitivity to 5-fluorouracil.
3. If request is for a dose increase, request meets one of the following (a or b):
   a. New dose does not exceed 2,500 mg/m^2 total daily dose on days 1 to 14, every 21 days;
   b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via Pennsylvania Health and Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.LTSS.PHAR.01) applies; or
2. Refer to PA.CP.PMN.53

III. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
FDA: Food and Drug Administration
NCCN: National Comprehensive Cancer Network
DPD: dihydropyrimidine dehydrogenase
HER2: human epidermal growth factor receptor 2
HR: hormone receptor

Appendix B: Therapeutic Alternatives
Not applicable

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): Severe renal impairment; hypersensitivity
- Boxed warning(s): Xeloda-warfarin interaction

IV. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Metastatic colorectal cancer	1,250 mg/m^2 PO BID for 2 weeks followed by a one week rest period in 3-week cycles. For adjuvant treatment of Dukes' C colon cancer, total treatment should be 24 weeks (8 cycles)	2,500 mg/m^2 total daily dose
Adjuvant colon cancer		
Metastatic breast cancer		

V. Product Availability

Tablets: 150 mg, 500 mg

VI. References

1. Xeloda Prescribing Information. South San Francisco, CA: Genentech, Inc.; July 2017. Available at https://www.gene.com/patients/medicines/xeloda. Accessed February 7, 2019.
2. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at www.nccn.org. Accessed February 7, 2019.
3. National Comprehensive Cancer Network. Colon Cancer Version 4.2018. Available at www.nccn.org. Accessed February 7, 2019.
4. National Comprehensive Cancer Network. Rectal Cancer Version 3.2018. Available at www.nccn.org. Accessed February 7, 2019.
5. National Comprehensive Cancer Network. Breast Cancer Version 3.2018. Available at www.nccn.org. Accessed February 7, 2019.

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J8520	Capecitabine, oral, 150 mg
J8521	Capecitabine, oral, 500 mg

Reviews, Revisions, and Approvals	Date	Approval Date
Updated references	06/14	06/14
2Q 2018 annual review: summarized NCCN and FDA approved uses for improved clarity; added specialist involvement in care; removed central nervous cancers-brain metastases from off-label because it is addressed by the primary tumor (breast cancer criteria); removed mucinous carcinoma of the ovary as it is covered in ovarian cancer criteria; references reviewed and updated.	02/13/18	04/18

Reviews, Revisions, and Approvals	Date	Approval Date
2Q 2019 annual review: the following NCCN recommended uses are added: adjuvant breast cancer, gestational trophoblastic neoplasia, poorly controlled carcinoid syndrome, poorly differentiated or large/small cell neuroendocrine tumor; histologies removed from off-label uses; age added to all criteria sets if not previously listed; references reviewed and updated.	04/19	