

Medical Coverage Guideline: 09-J1000-38, Vandetanib (Caprelsa®) Tablets

The prior Medical Coverage Guideline (MCG) for this oral oncology medication has been consolidated to a single MCG:

[09-J3000-65, Oral Oncology Medications](#)

A complete list of previous oral oncology MCGs that have been consolidated is shown below.

Generic/Brand	MCG Number	Generic/Brand	MCG Number
Abemaciclib (Verzenio)	09-J2000-93	Larotrectinib (Vitrakvi)	09-J3000-25
Acalabrutinib (Calquence)	09-J2000-94	Lenalidomide (Revlimid)	09-J0000-80
Afatinib (Gilotrif)	09-J2000-06	Lenvatinib (Lenvima)	09-J2000-38
Alectinib (Alecensa)	09-J2000-56	Lorlatinib (Lorbrena)	09-J3000-23
Alpelisib (Piqray)	09-J3000-42	Midostaurin (Rydapt)	09-J2000-86
Apalutamide (Erleada)	09-J3000-03	Neratinib (Nerlynx)	09-J2000-83
Avapritinib (Ayvakit)	09-J3000-63	Niraparib (Zejula)	09-J2000-77
Axitinib (Inlyta)	09-J1000-67	Olaparib (Lynparza)	09-J2000-32
Bexarotene (Targretin) Oral	09-J1000-41	Osimertinib (Tagrisso)	09-J2000-55
Binimetinib (Mektovi)	09-J3000-20	Palbociclib (Ibrance)	09-J2000-34
Brigatinib (Alunbrig)	09-J2000-84	Panobinostat (Farydak)	09-J2000-37
Cabozantinib (Cometriq, Cabometyx)	09-J1000-88	Pazopanib (Votrient)	09-J1000-49
Capecitabine (Xeloda)	09-J1000-42	Pexidartinib (Turalio)	09-J3000-47
Ceritinib (Zykadia)	09-J2000-17	Pomalidomide (Pomalyst)	09-J1000-95
Cobimetinib (Cotellic)	09-J2000-53	Ponatinib (Iclusig)	09-J1000-89
Crizotinib (Xalkori)	09-J1000-57	Regorafenib (Stivarga)	09-J1000-83
Dabrafenib (Tafinlar)	09-J2000-00	Rucaparib (Rubraca)	09-J2000-72
Dacomitinib (Vizimpro)	09-J3000-18	Ruxolitinib (Jakafi)	09-J1000-63
Darolutamide (Nubeqa)	09-J3000-50	Selinexor (Xpovio)	09-J3000-44
Dasatinib (Sprycel)	09-J1000-43	Sonidegib (Odomzo)	09-J2000-45
Duvelisib (Copiktra)	09-J3000-14	Sorafenib (Nexavar)	09-J1000-50
Enasidenib (Idhifa)	09-J2000-90	Sunitinib Malate (Sutent)	09-J1000-51
Encorafenib (Braftovi)	09-J3000-19	Talazoparib (Talzenna)	09-J3000-21
Entrectinib (Rozlytrek)	09-J3000-48	Temozolomide (Temodar) Oral	09-J1000-52
Enzalutamide (Xtandi)	09-J1000-85	Topotecan HCl (Hycamtin) Oral	09-J1000-02
Erdafitinib (Balversa)	09-J3000-31	Trametinib (Mekinist)	09-J1000-99
Erlotinib (Tarceva)	09-J1000-44	Tretinoin Oral	09-J1000-61
Everolimus (Afinitor, Afinitor Disperz)	09-J1000-45	Trifluridine-Tipiracil (Lonsurf)	09-J2000-46

Gefitinib (Iressa)	09-J2000-44	Vandetanib (Caprelsa)	09-J1000-38
Gilteritinib (Xospata)	09-J3000-28	Vemurafenib (Zelboraf)	09-J1000-40
Glasdegib (Daurismo)	09-J3000-27	Venetoclax (Venclexta)	09-J2000-64
Idelalisib (Zydelig)	09-J2000-23	Vismodegib (Erivedge)	09-J1000-66
Imatinib Mesylate (Gleevec)	09-J1000-46	Vorinostat (Zolinza)	09-J1000-54
Ivosidenib (Tibsovo)	09-J3000-13	Zanubrutinib (Brukinsa)	09-J3000-62
Lapatinib (Tykerb)	09-J1000-47		