

Reference number(s)
1667-A

SPECIALTY GUIDELINE MANAGEMENT

ZALTRAP (ziv-aflibercept)

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 Indication

Zaltrap is indicated for use in combination with 5-fluorouracil, leucovorin, and irinotecan (FOLFIRI) in patients with metastatic colorectal cancer (mCRC) that is resistant to or has progressed following an oxaliplatin-containing regimen.

B. Compendial Uses

Colorectal cancer

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

Colorectal cancer (CRC)

Authorization of 12 months may be granted for treatment of CRC.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCES

1. Zaltrap [package insert]. Bridgewater, NJ: sanofi-aventis U.S. LLC; June 2016.
2. The NCCN Drugs & Biologics Compendium® © 2018 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed March 22, 2018.
3. The NCCN Clinical Practice Guidelines in Oncology® Colon Cancer (Version 2.2018). © 2018 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed March 27, 2018.
4. The NCCN Clinical Practice Guidelines in Oncology® Rectal Cancer (Version 1.2018). © 2018 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed March 27, 2018.