

## 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® © 2017 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed February 27, 2017.
3. The NCCN Clinical Practice Guidelines in Oncology® Colon Cancer (Version 1.2017). © 2016 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed February 27, 2017.