

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Zaltrap (ziv-aflibercept)

DRUG.00051

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Quantity Limit
Zaltrap (ziv-aflibercept)	N/A

APPROVAL CRITERIA

Zaltrap (ziv-aflibercept) is considered medically necessary when **ALL** of the following criteria have been met:

- I. The individual has one of the following:
 - A. Metastatic anal adenocarcinoma; **OR**
 - B. Metastatic appendiceal adenocarcinoma; **OR**
 - C. Metastatic small bowel adenocarcinoma; **OR**
 - D. Metastatic colorectal cancer;

AND

- II. The individual is resistant to or has disease progression following treatment with an oxaliplatin-containing regimen; **AND**
- III. Zaltrap (ziv-aflibercept) will be used in combination with an irinotecan based regimen; **AND**
- IV. Zaltrap (ziv-aflibercept) will be given in a single line of therapy.

Investigational and may NOT be approved for the following:

- Zaltrap (ziv-aflibercept) is considered investigational and may not be approved when given concomitantly with cetuximab, panitumumab, or bevacizumab.
- Zaltrap (ziv-aflibercept) is considered investigational and may not be approved when used in combination with the same irinotecan based regimen that was previously used in combination with bevacizumab.
- Zaltrap (ziv-aflibercept) is considered investigational and may not be approved when the above criteria are not met.

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Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

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State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

1. National Cancer Institute (NCI). Colon cancer treatment (PDQ®). Last modified August 12, 2016. Available at: <http://www.cancer.gov/cancertopics/pdq/treatment/colon/HealthProfessional/page11/AllPages>. Accessed on August 23, 2016.
2. National Comprehensive Cancer Network®. NCCN Drugs & Biologic Compendium™ (electronic version). For additional information visit the NCCN website: <http://www.nccn.org>. Accessed on August 23, 2016.
3. NCCN Clinical Practice Guidelines in Oncology™. © 2016 National Comprehensive Cancer Network, Inc. For additional information: <http://www.nccn.org/index.asp>. Accessed on August 23, 2016.
 - Anal Carcinoma (V2. 2016). Revised April 27, 2016.
 - Colon Cancer (V2.2016). Revised November 24, 2015.
 - Rectal Cancer (V2.2016). Revised April 6, 2016.
4. Zaltrap [Product Information], Bridgewater, NJ. Sanofi-Aventis U.S. LLC, June 2016: Available at: <http://www.zaltrap.com/>. Accessed on August 23, 2016.
5. Ziv-Aflibercept. In: DrugPoints® System [electronic version]. Truven Health Analytics. Greenwood Village, CO. Updated August 15, 2016. Available at: <http://www.micromedexsolutions.com>. Accessed on August 23, 2016.
6. Ziv-Aflibercept monograph. Lexicomp® Online, American Hospital Formulary Service® (AHFS®) Online, Hudson, Ohio, Lexi-Comp., Inc. Last revised April 6, 2016. Accessed on August 23, 2016.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.