



# Drug Policy: Zelboraf™ (vemurafenib)

<b>POLICY NUMBER</b> UM ONC_1207	<b>SUBJECT</b> Zelboraf™ (vemurafenib)		<b>DEPT/PROGRAM</b> UM Dept	<b>PAGE 1 of 3</b>
<b>DATES COMMITTEE REVIEWED</b> 02/08/12, 02/04/13, 12/11/13, 03/16/15, 07/25/16, 06/28/17, 07/27/17, 07/19/18, 06/12/19, 12/11/19, 06/10/20, 09/09/20, 05/12/21, 11/15/21, 05/11/22, 12/14/22, 03/08/23, 05/10/23	<b>APPROVAL DATE</b> May 10, 2023	<b>EFFECTIVE DATE</b> May 26, 2023	<b>COMMITTEE APPROVAL DATES</b> 02/08/12, 02/04/13, 12/11/13, 03/16/15, 07/25/16, 06/28/17, 07/27/17, 07/19/18, 06/12/19, 12/11/19, 06/10/20, 09/09/20, 05/12/21, 11/15/21, 05/11/22, 12/14/22, 03/08/23, 05/10/23	
<b>PRIMARY BUSINESS OWNER:</b> UM		<b>COMMITTEE/BOARD APPROVAL</b> Utilization Management Committee		
<b>URAC STANDARDS</b> HUM v8: UM 1-2; UM 2-1	<b>NCQA STANDARDS</b> UM 2		<b>ADDITIONAL AREAS OF IMPACT</b>	
<b>CMS REQUIREMENTS</b>	<b>STATE/FEDERAL REQUIREMENTS</b>		<b>APPLICABLE LINES OF BUSINESS</b> Commercial, Exchange, Medicaid	

## I. PURPOSE

To define and describe the accepted indications for Zelboraf (vemurafenib) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

New Century Health (NCH) is responsible for processing all medication requests from network ordering providers. Medications not authorized by NCH may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

## II. INDICATIONS FOR USE/INCLUSION CRITERIA

### A. Continuation requests for a not-approvable medication shall be exempt from this NCH policy provided:

1. The requested medication was used within the last year, AND
2. The member has not experienced disease progression and/or no intolerance to the requested medication, AND
3. Additional medication(s) are not being added to the continuation request.

## B. Malignant Melanoma

1. Zelboraf (vemurafenib) may be used in combination with Cotellic (cobimetinib) or as a single agent (if combination therapy is contraindicated) in a member with BRAF V600E mutation positive metastatic/recurrent/unresectable malignant melanoma for **ONE** of the following:
  - a. First line therapy
  - b. Second-line or subsequent line therapy.
2. **NOTE:** [Cotellic (cobimetinib) + Zelboraf (vemurafenib) + Tecentriq (atezolizumab)] is not supported by NCH Policy for the treatment of metastatic, recurrent, or unresectable BRAF V600E or V600K mutation positive malignant melanoma. This policy position is based on the overall survival results of the IMspire150 trial. This trial showed no difference in overall survival with the above 3-drug combination compared to Cotellic (cobimetinib) + Zelboraf (vemurafenib) regimen. Please see attached references including the updated survival results from the IMspire150 trial. Please refer to NCH alternative agents/regimens recommended by NCH, including but not limited to regimens available at <http://pathways.newcenturyhealth.com>.

## III. EXCLUSION CRITERIA

- A. Disease progression on the same regimen or with another combination of a BRAF inhibitor (i.e., encorafenib or dabrafenib) and MEK inhibitor (i.e., binimetinib or trametinib).
- B. The member has BRAF V600E negative (wild type) melanoma.
- C. Dosing exceeds the single dose limit of Zelboraf (vemurafenib) 960 mg or daily dose limit of 1,920 mg per day.
- D. Treatment exceeds the maximum limit of 240 (240 mg) tablets a month.
- E. Investigational use of Zelboraf (vemurafenib) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:
  1. Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
  2. Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
  3. Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definitions of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of less than 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
  4. Whether the experimental design, considering the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
  5. That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
  6. That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.

7. That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

#### IV. MEDICATION MANAGEMENT

- A. Please refer to the FDA label/package insert for details regarding these topics.

#### V. APPROVAL AUTHORITY

- A. Review – Utilization Management Department
- B. Final Approval – Utilization Management Committee

#### VI. ATTACHMENTS

- A. None

#### VII. REFERENCES

- A. McArthur et al. Second OS analysis of IMspire 150 study. ASCO 2022, abstract. DOI: [https://ascopubs.org/doi/abs/10.1200/jco.2022.40.16\\_suppl.9547](https://ascopubs.org/doi/abs/10.1200/jco.2022.40.16_suppl.9547)
- B. Gutzmer R, et al. Atezolizumab, vemurafenib, and cobimetinib as first-line treatment for unresectable advanced BRAFV600 mutation-positive melanoma (IMspire150): primary analysis of the randomised, double-blind, placebo-controlled, phase 3 trial. Lancet. 2020 Jun 13;395(10240):1835-1844.
- C. Zelboraf prescribing information. South San Francisco, CA: Genentech USA, Inc. 2020
- D. Clinical Pharmacology Elsevier Gold Standard 2023.
- E. Micromedex® Healthcare Series: Micromedex Drugdex Ann Arbor, Michigan 2023.
- F. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2023.
- G. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD 2023.
- H. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. J Clin Oncol. 2014 Apr 20;32(12):1277-80.
- I. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>.
- J. NCQA UM 2023 Standards and Elements.