Reference number(s)
1685-A

SPECIALTY GUIDELINE MANAGEMENT

ZELBORAF (vemurafenib)

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 Indications
1. Zelboraf is indicated for the treatment of patients with unresectable or metastatic melanoma with BRAF V600E mutation as detected by an FDA-approved test.

   Limitation of use: Zelboraf is not indicated for treatment of patients with wild-type BRAF melanoma.

2. Zelboraf is indicated for the treatment of patients with Erdheim-Chester Disease with BRAF V600 mutation.

B. Compendial Uses[3-11]
1. Central nervous system cancer
2. Non-small cell lung cancer, BRAF V600E mutation-positive
3. Hairy cell leukemia
4. Thyroid carcinoma – papillary carcinoma, follicular carcinoma, Hürthle cell carcinoma, BRAF mutation-positive
5. Glioma, BRAF V600 activating mutation-positive
6. Meningioma, BRAF V600 activating mutation-positive
7. Astrocytoma, BRAF V600 activating mutation-positive
8. Colorectal cancer, BRAF V600E mutation-positive
9. Unresectable or metastatic cutaneous melanoma, BRAF V600 activating mutation-positive

All other indications are considered experimental/investigational and not medically necessary.

II. DOCUMENTATION

Submission of BRAF mutation documentation is necessary to initiate the prior authorization review for applicable indications as outlined in Section III.

III. CRITERIA FOR INITIAL APPROVAL

A. Cutaneous Melanoma

Authorization of 12 months may be granted for treatment of unresectable or metastatic melanoma when all of the following criteria are met:
1. Zelboraf is used as a single agent or in combination with cobimetinib (Cotellic) with or without atezolizumab (Tecentriq).
2. Tumor is positive for BRAF V600 mutation (e.g., BRAF V600E or V600K).

B. Central Nervous System Cancer
Authorization of 12 months may be granted for treatment of BRAF V600 mutation-positive (e.g., BRAF V600E or V600K mutation) gliomas, meningiomas, or astrocytomas.

C. Erdheim-Chester Disease (ECD)
Authorization of 12 months may be granted for treatment of ECD with BRAF V600 activating mutation (e.g., BRAF V600E or V600K mutation).

D. Non-small Cell Lung Cancer (NSCLC)
Authorization of 12 months may be granted for treatment of BRAF V600E mutation-positive recurrent, advanced, or metastatic NSCLC.

E. Hairy Cell Leukemia
Authorization of 12 months may be granted for treatment of hairy cell leukemia for subsequent therapy as a single agent or in combination with rituximab.

F. Thyroid Carcinoma
Authorization of 12 months may be granted when all of the following criteria are met:
1. Member has radioiodine refractory follicular, Hürthle cell, or papillary thyroid carcinoma.
2. Tumor is positive for BRAF mutation (e.g., BRAF V600E or V600K).

G. Colorectal Cancer
Authorization of 12 months may be granted for treatment of colorectal cancer when one of the following criteria are met:
1. Zelboraf is used in combination with irinotecan and cetuximab or panitumumab as primary treatment for patients with unresectable metachronous metastases and BRAF V600E mutation positive colorectal cancer and previous adjuvant FOLFOX (fluorouracil, leucovorin, and oxaliplatin) or CapeOX (capecitabine and oxaliplatin) within the past 12 months.
2. Zelboraf is used in combination with irinotecan and cetuximab or panitumumab as subsequent therapy for patients with BRAF V600E mutation positive unresectable advanced or metastatic colorectal cancer.

IV. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section III when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

V. REFERENCES

1. Zelboraf [package insert]. South San Francisco, CA: Genentech USA, Inc.; November 2017.
2. Tecentriq [package insert]. South San Francisco, CA: Genentech, Inc.; July 2020
3. The NCCN Drugs & Biologics Compendium 2019 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed November 4, 2019.
4. Diamond EL, Dagna L, Hyman DM, et al. Consensus guidelines for the diagnosis and clinical management of Erdheim-Chester disease. Blood. 2014;124(4):483-492.
5. Haroche J, Cohen-Aubart F, Emile JF, et al. Reproducible and sustained efficacy of targeted therapy with vemurafenib in patients with BRAF V600E-mutated Erdheim-Chester disease. J Clin Oncol. 2015;33:411-418.

6. Hyman DM, Puzanov I, Subbiah V, et al. Vemurafenib in multiple nonmelanoma cancers with BRAF V600 mutations. N Engl J Med. 2015;373(8):726-736.
7. Usubalieva A, Pierson CR, Kavran CA, et al. Primary Meningeal Pleomorphic Xanthoastrocytoma With Anaplastic Features: A Report of 2 Cases, One With BRAFV600E Mutation and Clinical Response to the BRAF Inhibitor Dabrafenib. Journal of neuropathology and experimental neurology. 2015;74(10):960-969. doi:10.1097/NEN.0000000000000240.
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9. Lassaletta, A, Guerreiro Stucklin, A, Ramaswamy, V, et al. Profound clinical and radiological response to BRAF inhibition in a 2-month-old diencephalic child with hypothalamic/chiasmatic glioma. Pediatric Blood and Cancer. 2016; 63: 2038-2041. doi:10.1002/pbc.26086.
10. Meletah SK, Pavlick D, Brennan T, et al. Personalized Treatment for a Patient with a BRAF V600E Mutation using Dabrafenib and a Tumor Treatment Fields Device in a High-Grade Glioma Arising from Ganglioglioma. Journal of the National Comprehensive Cancer Network. 2016; 14(11): 1345-1350.