

Zelboraf[®] (vemurafenib) (Oral)

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Date of Origin: 11/01/2012

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I. Length of Authorization

Coverage is provided for six months and may be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [Pharmacy Benefit]:

- Zelboraf 240 mg tablet: 8 tablets per day

B. Max Units (per dose and over time) [Medical Benefit]:

- 1920 mg per day

III. Initial Approval Criteria

Coverage is provided in the following conditions:

- Patient is at least 18 years or older; **AND**

Melanoma †

- Patient has BRAF V600 mutation detected by FDA approved test; **AND**
- Patient's disease is unresectable or metastatic; **AND**
 - Used in combination with cobimetinib; **OR**
 - Used as a single agent; **AND**
- Used as initial therapy or subsequent therapy (if patient is BRAF/MEK-inhibitor naïve)

Erdheim-Chester Disease (ECD) †

- Patient has non-melanoma BRAF V600 mutation detected by FDA approved test; **AND**
- Must be used as a single agent

Central nervous system cancers ‡

- Must be used as a single agent; **AND**
- Must be active against primary melanoma tumor; **AND**

- Patient must have recurrent disease

Non-small cell lung cancer (NSCLC) †

- Patient has BRAF V600E mutation; **AND**
- Patient must have metastatic or recurrent disease; **AND**
- Used as a single agent; **AND**
- Used as first line therapy or as subsequent therapy if BRAF/MEK-inhibitor therapy (i.e. dabrafenib plus trametinib) is not tolerated

Hairy Cell Leukemia †

- Patient must have progressive disease; **AND**
- Patient is not responsive to purine analog therapy (e.g., cladribine); **AND**
 - Used as a single agent; **OR**
 - Used in combination with rituximab

Thyroid Cancers – Follicular/Hürthle Cell/Papillary Carcinomas †

- Patient has unresectable recurrent, locally advanced or metastatic disease; **AND**
- Patient has BRAF-mutation positive progressive and/or iodine-refractory symptomatic disease; **AND**
- Clinical trials or other systemic therapies are not available and/or appropriate for the patient

† FDA Approved Indication(s); ‡ Compendia approved indication(s)

IV. Renewal Criteria

Coverage can be renewed based upon the following criteria:

- Patient continues to meet criteria from section III; **AND**
- Tumor response with stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: new malignancies, retinopathy and retinal vein occlusion, severe dermatological reactions including photosensitivity reactions, severe hepatotoxicity, renal failure, QTc prolongation, hemorrhagic events, severe radiation sensitization/recall, Dupuytren's Contracture and plantar fascial fibromatosis, etc.; **AND**

Melanoma (metastatic or unresectable disease)

- Patient has completed initial induction; **AND**
- Used as re-induction therapy in patients who experienced disease control, but subsequently disease progression/relapse > 3 months after treatment discontinuation

V. Dosage/Administration

Indication	Dose
All indications	960 mg (4 tablets) orally every 12 hours

VI. Billing Code/Availability Information

Jcode:

J8999: Prescription drug, oral, chemotherapeutic, NOS

C9399: Unclassified drugs or biologicals (*Hospital Outpatient Use Only*)

NDC:

Zelboraf 240 mg tablet: 50242-0090-xx

VII. References

1. Zelboraf [package insert]. South San Francisco, CA; Genentech USA, Inc; November 2017. Accessed November 2017.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for vemurafenib. National Comprehensive Cancer Network, 2017. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc.” To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed November 2017.
3. Sosman JA, Kim KB, Schuchter L, et al. Survival in BRAF-V600-mutant advanced melanoma treated with vemurafenib. N Engl J Med 2012;336:707-714

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung

ICD-10	ICD-10 Description
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus or lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C43.0	Malignant melanoma of lip
C43.10	Malignant melanoma of unspecified eyelid, including canthus
C43.11	Malignant melanoma of right eyelid, including canthus
C43.12	Malignant melanoma of left eyelid, including canthus
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, unspecified
C73	Malignant neoplasm of the thyroid gland
C79.31	Secondary malignant neoplasm of brain
C80.0	Disseminated malignant neoplasm, unspecified
C80.1	Malignant (primary) neoplasm, unspecified

ICD-10	ICD-10 Description
C91.40	Hairy cell leukemia not having achieved remission
C91.42	Hairy cell leukemia, in relapse
C96.A	Histiocytic sarcoma
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.820	Personal history of malignant melanoma of skin

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Cahaba Government Benefit Administrators, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC