



## VEMURAFENIB (ZELBORAF®) UTILIZATION MANAGEMENT CRITERIA

<b>DRUG CLASS:</b>	Antineoplastic drug
<b>BRAND (generic) NAMES:</b>	Vemurafenib (ZELBORAF®) 240 mg tablets

<b>FDA-APPROVED INDICATIONS:</b> Treatment of patients with unresectable or metastatic melanoma with BRAFV600E mutation as detected by an FDA-approved test
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<b>COVERAGE AUTHORIZATION CRITERIA</b>  <b>Vemurafenib (Zelboraf) is covered for the following condition:</b> <ul style="list-style-type: none"><li>• Treatment of patients with unresectable or metastatic melanoma with BRAFV600E mutation</li></ul> <b>Vemurafenib (Zelboraf) is not covered for the following condition:</b> <ul style="list-style-type: none"><li>• Use in combination with ipilimumab (Yervoy) unless enrolled in a clinical trial (<a href="http://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/clinical_trial_services_for_life_threatening_conditions.pdf">http://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/clinical_trial_services_for_life_threatening_conditions.pdf</a>)</li></ul>
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<b>WARNINGS:</b> <ul style="list-style-type: none"><li>• Cutaneous squamous cell carcinomas (cuSCC) occurred in 24% of patients. Perform dermatologic evaluations prior to initiation of therapy and every two months while on therapy. Manage with excision and continue treatment without dose adjustment.</li><li>• Serious hypersensitivity reactions, including anaphylaxis, have been reported during and upon re-initiation of treatment. Discontinue in patients who experience severe hypersensitivity reactions.</li><li>• Severe dermatologic reactions, including Stevens-Johnson syndrome and toxic epidermal necrolysis, have been reported. Discontinue treatment in patients who experience severe dermatologic reactions.</li><li>• QT prolongation has been reported. Monitor ECG and electrolytes before treatment and after dose modification. Monitor ECGs at day 15, monthly during the first 3 months of treatment, every 3 months thereafter, or more often as clinically indicated. If the QTc exceeds 500 ms, temporarily interrupt Zelboraf, correct electrolyte abnormalities, and control for cardiac risk factors for QT prolongation.</li><li>• Liver laboratory abnormalities may occur. Monitor liver enzymes and bilirubin before initiation of treatment and monthly during treatment, or as clinically indicated.</li><li>• Photosensitivity has been reported. Advise patients to avoid sun exposure while taking Zelboraf.</li></ul>
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- Serious ophthalmologic reactions, including uveitis, iritis and retinal vein occlusion, have been reported. Monitor patients routinely for ophthalmologic reactions.
- New primary malignant melanomas have been reported. Manage with excision, and continue treatment without dose modification. Perform dermatologic monitoring as outlined above.
- Pregnancy: May cause fetal harm. Advise women of potential risk to the fetus.

**CONTRAINDICATIONS:**

None

**DOSAGE AND ADMINISTRATION:**

Recommended dose is 960 mg orally twice daily. Administer approximately 12 hours apart with or without a meal. It should be swallowed whole with a glass of water. Dose reductions resulting in a dose below 480 mg twice daily are not recommended.

**REFERENCES:**

Vemurafenib (Zelboraf) product information. Genentech, Inc. San Francisco, CA. August 2011.  
<http://www.gene.com/gene/news/news-events/zelboraf/pi.pdf>