

Reference number(s)
1679-A

## SPECIALTY GUIDELINE MANAGEMENT

### CYRAMZA (ramucirumab)

#### 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. Gastric Cancer: Cyramza as a single agent, or in combination with paclitaxel, is indicated for the treatment of patients with advanced or metastatic, gastric or gastro-esophageal junction (GEJ) adenocarcinoma with disease progression on or after prior fluoropyrimidine-or platinum-containing chemotherapy.
2. Non-Small Cell Lung Cancer (NSCLC):
  - a. Cyramza, in combination with docetaxel, is indicated for the treatment of patients with metastatic NSCLC with disease progression on or after platinum-based chemotherapy. Patients with epidermal growth factor receptor (EGFR) or anaplastic lymphoma kinase (ALK) genomic tumor aberrations should have disease progression on FDA-approved therapy for these aberrations prior to receiving Cyramza.
  - b. Cyramza, in combination with erlotinib, is indicated for the first-line treatment of patients with advanced or metastatic NSCLC whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations.
3. Colorectal Cancer: Cyramza, in combination with FOLFIRI (irinotecan, folinic acid, and fluorouracil), is indicated for the treatment of patients with metastatic colorectal cancer with disease progression on or after prior therapy with bevacizumab, oxaliplatin, and a fluoropyrimidine.
4. Hepatocellular Carcinoma: Cyramza as a single agent, is indicated for the treatment of hepatocellular carcinoma in patients who have an alpha fetoprotein of  $\geq 400$  ng/mL and have been treated with sorafenib.

##### B. Compendial Uses

1. Esophageal adenocarcinoma
2. Colorectal cancer, advanced
3. NSCLC, EGFR mutation positive, recurrent, advanced

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

##### II. CRITERIA FOR INITIAL APPROVAL

##### A. Gastric, Gastro-esophageal Junction (GEJ), and Esophageal Adenocarcinoma

Authorization of 12 months may be granted for treatment of gastric, gastro-esophageal junction (GEJ), and esophageal adenocarcinoma for members who are not surgical candidates or who have unresectable locally advanced, recurrent or metastatic disease, when used as subsequent therapy as a single agent, in combination with paclitaxel, or in combination with irinotecan with or without fluorouracil.

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**B. Non-Small Cell Lung Cancer (NSCLC)**

Authorization of 12 months may be granted for treatment of recurrent, advanced or metastatic NSCLC when either of the following criteria is met:

1. Used in combination with docetaxel as subsequent therapy.
2. Used in combination with erlotinib for EGFR mutation positive disease.

**C. Colorectal Cancer**

Authorization of 12 months may be granted for treatment of advanced or metastatic colorectal cancer in combination with FOLFIRI (irinotecan, folinic acid, and 5-fluorouracil) or irinotecan.

**D. Hepatocellular Carcinoma**

Authorization of 12 months may be granted for treatment of hepatocellular carcinoma as subsequent therapy as a single agent in patients who have an alpha fetoprotein (AFP) of greater than or equal to 400 ng/mL.

**III. CONTINUATION OF THERAPY**

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

**IV. REFERENCES**

1. Cyramza [package insert]. Indianapolis, IN: Eli Lilly and Company; June 2020.
2. The NCCN Drugs & Biologics Compendium® © 2021 National Comprehensive Cancer Network, Inc. Available at: <https://www.nccn.org>. Accessed February 24, 2021.