

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):** 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 EGFR or ALK genomic tumor aberrations should have disease progression on FDA-approved therapy for these aberrations prior to receiving Cyramza.
3. **Colorectal Cancer:** Cyramza, in combination with FOLFIRI (irinotecan, folinic acid, and 5-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.

B. Compendial Uses

1. Esophageal adenocarcinoma
2. Colorectal cancer, advanced

All other indications are considered experimental/investigational and are not a covered benefit.

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.

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

Authorization of 12 months may be granted for treatment of metastatic NSCLC.

C. **Colorectal Cancer**

Authorization of 12 months may be granted for treatment of advanced or metastatic colorectal cancer.

III. CONTINUATION OF THERAPY

Cyramza SGM P2017

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All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCES

1. Cyramza [package insert]. Indianapolis, IN: Eli Lilly and Company; February 2017.
2. The NCCN Drugs & Biologics Compendium® © 2017 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed March 17, 2017.
3. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology™ Gastric Cancer (Version 3.2016). <http://www.nccn.org>. Accessed March 7, 2017.
4. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology™ Esophageal and Esophagogastric Junction Cancers (Version 2.2016). <http://www.nccn.org>. Accessed March 7, 2017.
5. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology™ Non-Small Cell Lung Cancer (Version 4.2017). <http://www.nccn.org>. Accessed March 7, 2017.
6. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology™ Colon Cancer (Version 2.2017). <http://www.nccn.org>. Accessed March 17, 2017.
7. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology™ Rectal Cancer (Version 3.2017). <http://www.nccn.org>. Accessed March 17, 2017.