BlueCross BlueShield Federal Employee Program

CYRAMZA
(ramucirumab)

Pre – PA Allowance

None

Prior - Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Advanced or metastatic gastric cancer or gastro-esophageal junction adenocarcinoma
    a. Used as a single agent (monotherapy) or combination therapy with paclitaxel
    b. Patient has received prior chemotherapy containing fluoropyrimidine or platinum and experienced disease progression on or after therapy

2. Metastatic non-small cell lung cancer (NSCLC) and **ONE** of the following:
    a. Used in combination with docetaxel
        i. Patient has received prior chemotherapy containing platinum and experienced disease progression on or after therapy
        ii. Positive EGFR or ALK tumor expression **only**: patient has had disease progression on FDA-approved therapy
    b. Used in combination with erlotinib
        i. First-line treatment
        ii. Tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) mutations

3. Metastatic colorectal cancer
    a. Combination therapy with FOLFIRI
    b. Patient has received prior chemotherapy containing bevacizumab, oxaliplatin, and a fluoropyrimidine and experienced disease progression on or after therapy

4. Hepatocellular carcinoma (HCC)

a. Used as a single agent (monotherapy)
b. Alpha fetoprotein ≥(AFP) 400 ng/mL
c. Patient has previously been treated with (sorafenib)

AND the following for **ALL** diagnoses:

1. Confirmation that patient does not have the following and if condition develops, therapy will be discontinued:
   a. Hemorrhage or any severe bleeding event
   b. Arterial thromboembolic events (ATEs)

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Advanced or metastatic gastric cancer or gastro-esophageal junction adenocarcinoma
2. Metastatic non-small cell lung cancer (NSCLC)
3. Metastatic colorectal cancer
4. Hepatocellular carcinoma (HCC)

AND ALL of the following:

1. Patient has not experienced disease progression or unacceptable toxicity
2. Confirmation that patient does not have the following and if condition develops, therapy will be discontinued:
   a. Hemorrhage or any severe bleeding event
   b. Arterial thromboembolic events (ATEs)

Prior – Approval *Renewal* Limits

Same as above