BlueCross BlueShield Federal Employee Program

ZALTRAP
(ziv-aflibercept)

RATIONALE FOR INCLUSION IN PA PROGRAM

Background

Zaltrap is a recombinant fusion protein consisting of Vascular Endothelial Growth Factor (VEGF)-binding portions from the extracellular domains of human VEGF receptor 1 and 2 fused to the Fc portion of the human IgG1. VEGF is responsible for creating new blood vessels to assure adequate perfusion of blood or oxygen. Inhibition of VEGF is one of the methods used in cancer treatment by cutting blood supply to cancer cells. Zaltrap works by binding to human VEGF-A to VEGF-B, and to human PIGF. By binding to these endogenous ligands, it inhibits the blood supply to tumors (1).

Regulatory Status

FDA-approved indication: Zaltrap, in combination with 5-fluorouracil, leucovorin, irinotecan–(FOLFIRI), is indicated for patients with metastatic colorectal cancer (mCRC) that is resistant to or has progressed following an oxaliplatin-containing regimen (1).

Zaltrap carries a warning for hemorrhage, gastrointestinal perforation, and compromised wound healing. Severe and sometimes fatal hemorrhage, including gastrointestinal hemorrhage has been reported in patients who have received Zaltrap in combination with Folfiri. Patients must be monitored for signs and symptoms of bleeding. Do not initiate Zaltrap in patients with severe hemorrhage and discontinue in patients who develop severe hemorrhage during treatment. Gastrointestinal (GI) perforation including fatal GI perforation can occur in patients receiving Zaltrap. Patients must be monitored for signs and symptoms and discontinuation of therapy is required if patients experience gastrointestinal perforation (1).

Severe proteinuria, nephrotic syndrome, and thrombotic microangiopathy (TMA) occurred more frequently in patients treated with Zaltrap. Zaltrap administration should be suspended for proteinuria 2 grams per 24 hours or more and resumed when proteinuria is less than 2 grams per 24 hours. Discontinue Zaltrap in patients who develop nephrotic syndrome or TMA (1).

Zaltrap impairs wound healing and severe compromised wound healing can occur in patients receiving Zaltrap and therapy must be discontinued. Zaltrap therapy must be suspended for at least 4 weeks prior to elective surgery, and not to be resumed for at least 4 weeks following major surgery

and until the surgical would is fully healed. For minor surgery such as central venous access port placement, biopsy, and tooth extraction, Zaltrap may be initiated/resumed once the surgical wound is fully healed (1).

The safety and effectiveness of Zaltrap have not been established in pediatric patients (1).

There are no adequate and well-controlled studies with Zaltrap in pregnant women (1).

Summary

Zaltrap is a recombinant Vascular Endothelial Growth Factor inhibitor approved for treatment of colorectal cancer that has spread to other parts of the body (metastatic) and that is resistant to or has progressed after an oxaliplatin containing chemotherapy regimen. Zaltrap (ziv-aflibercept), combined with 5-fluorouracil, leucovorin, and irinotecan is approved for treatment of metastatic colorectal cancer that is resistant to or has progressed following an oxaliplatin-containing regimen (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Zaltrap while maintaining optimal therapeutic outcomes.

References

1. Zaltrap [package insert]. Bridgewater, NJ: Sanofi-Aventis U.S. LLC; December 2023.
2. NCCN Drugs & Biologics Compendium ® Ziv-aflibercept 2024. National Comprehensive Cancer Network, Inc. Accessed on October 8, 2024.