



DRUG QUANTITY MANAGEMENT POLICY – PER RX

- POLICY:** Oncology (Oral – BRAF Inhibitor) – Zelboraf Drug Quantity Management Policy – Per Rx
- Zelboraf® (vemurafenib tablets – Genentech/Daiichi Sankyo)

REVIEW DATE: 07/23/2025

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Zelboraf, a BRAF inhibitor, is indicated in adults for the following indications:¹

- **Erdheim-Chester disease**, for treatment of patients with the *BRAF V600* mutation.
- **Melanoma**, for treatment of unresectable or metastatic disease with *BRAF V600E* mutation as detected by an FDA-approved test.

Dosing

The recommended dose of Zelboraf is 960 mg (four 240 mg tablets) every 12 hours with or without a meal (total daily dose of 1,920 mg [8 tablets per day]).¹ A missed dose can be taken up to 4 hours prior to the next dose. Zelboraf should be continued until disease progression or unacceptable toxicity occurs.¹ To manage adverse events, the dose of Zelboraf may need to be reduced. Use of Zelboraf with

strong cytochrome P450 (CYP)3A4 inducers should be avoided. If Zelboraf must be used with a strong CYP4A4 inducer, increase the dose of Zelboraf by 240 mg (one tablet) as tolerated (total daily dose of 2,160 mg [9 tablets per day]).

Availability

Zelboraf is available as 240 mg capsules supplied in bottles containing 112 tablets each.¹

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Zelboraf. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Drug Quantity Limits

| Product | Strength and Form | Retail Maximum Quantity Per Rx | Home Delivery Maximum Quantity Per Rx |
|---------------------------------|-------------------|--------------------------------|---------------------------------------|
| Zelboraf® (vemurafenib tablets) | 240 mg tablets | 224 tablets | 672 tablets |

EXCEPTIONS TO THE QUANTITY LIMITS LISTED ABOVE ARE COVERED AS MEDICALLY NECESSARY WHEN THE FOLLOWING CRITERIA ARE MET. ANY OTHER EXCEPTION IS CONSIDERED NOT MEDICALLY NECESSARY.

CRITERIA

1. If the patient is taking a strong cytochrome P450 (CYP)3A4 inducer, approve 252 tablets per dispensing at retail or 756 tablets per dispensing at home delivery.

Note: Examples of strong CYP3A4 inducers include, but are not limited to, phenytoin, carbamazepine, rifampin.

REFERENCES

1. Zelboraf® tablet [prescribing information]. South San Francisco, CA: Genentech; May 2020.

HISTORY

| Type of Revision | Summary of Changes | Review Date |
|------------------|--|-------------|
| New Policy | New policy was created to provide overrides to existing quantity limits. | 07/23/2025 |

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| | Zelboraf 240 mg tablets: Quantity limits were changed to 224 tablets per dispensing at retail and 672 tablets per dispensing at home delivery. Previously, the limits were 240 tablets per dispensing at retail and 720 tablets per dispensing at home delivery. A clinical override approved 252 tablets per dispensing at retail or 756 tablets per dispensing at home delivery if the patient is taking a strong cytochrome P450 (CYP)3A4 inducer. | |
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