# Ziv-aflibercept (ZALTRAP)
# Criteria for Use
# May 2025

**VA Pharmacy Benefits Management Services and National Formulary Committee**

*The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.*

The Product Information should be consulted for detailed prescribing information.

See the VA National Formulary Committee Monograph on this drug at the *PBM INTRAnet* site for further information.

## Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive ziv-aflibercept.

- ☐ Major surgery within prior 28 days
- ☐ Non-healing wound or fracture
- ☐ Recent venous or arterial thromboembolic event
- ☐ Nephrotic syndrome or thrombotic microangiopathy (TMA)
- ☐ Uncontrolled hypertension
- ☐ Chronic diarrhea and/or dehydration issues
- ☐ Bleeding issues or at high risk of bleed (i.e. GI bleed, hematuria, etc.)
- ☐ Pregnancy
- ☐ Lactating

## Inclusion Criteria

All of the following criteria must be met.

- ☐ Care provided by a VA/VA Community Care Hematology or Oncology provider
- ☐ Goals of care and role of palliative care consult has been discussed and documented
- ☐ Eastern Cooperative Oncology Group Performance Status 0 or 1
- ☐ Metastatic colorectal cancer with progressive disease on an oxaliplatin-based regimen
- ☐ Intended use of ziv-aflibercept is in combination with fluorouracil, leucovorin, irinotecan (i.e. FOLFIRI)
- ☐ Patient is irinotecan-naïve
- ☐ Adequate hematologic function defined as Absolute Neutrophil Count $\geq$ 1500/mm$^3$ and platelets $\geq$ 100,000/mm$^3$

## Additional Inclusion Criteria *If applicable*

- ☐ For patients who can become pregnant and patients with partners who can become pregnant: Counseling provided on potential risks vs benefits of treatment and the use of effective contraception during therapy and for 3 months after stopping treatment

## Other Justification *If applicable*

- ☐ _____

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