

Clinical Pharmacy Program Guidelines for Erivedge

Program	Prior Authorization
Medication	Erivedge [®] (vismodegib)
Issue Date	3/2013
Pharmacy and Therapeutics Approval Date	9/2017
Effective Date	11/2017

1. Background:

Erivedge[®] (vismodegib) is a hedgehog pathway inhibitor indicated for the treatment of adults with metastatic basal cell carcinoma, or with locally advanced basal cell carcinoma that has recurred following surgery or who are not candidates for surgery, and who are not candidates for radiation.¹

2. Coverage Criteria:

<p>A. <u>Basal Cell Carcinoma</u></p> <p>1. <u>Initial Authorization</u></p> <p>a. Erivedge will be approved based on <u>one</u> of the following criteria:</p> <p>(1) Diagnosis of metastatic basal cell carcinoma</p> <p align="center">-OR-</p> <p>(2) <u>Both</u> of the following:</p> <p>(a) Diagnosis of locally advanced basal cell carcinoma</p> <p align="center">-AND-</p> <p>(b) <u>One</u> of the following:</p> <p>i. Cancer has recurred following surgery</p> <p>ii. Patient is not a candidate for surgery</p> <p>iii. Patient is not a candidate for radiation</p> <p>Authorization will be issued for 12 months.</p> <p>2. <u>Reauthorization</u></p> <p>a. Erivedge will be approved based on the following criterion:</p>

(1) Patient does not show evidence of progressive disease while on Erivedge therapy

Authorization will be issued for 12 months.

3. References:

1. Erivedge [package insert]. South San Francisco, CA: Genentech, Inc.; November 2016..
2. The NCCN Drugs and Biologics Compendium (NCCN Compendium™). Available at http://www.nccn.org/professionals/drug_compendium/content/contents.asp. Accessed July 19, 2017.

Program	Prior Authorization- Erivedge (vismodegib)
Change Control	
Date	Change
3/2013	New program
9/2016	Updated clinical criteria to align with Employer and Individual notification policy and updated policy template.
9/2017	Annual review with no change to coverage criteria. Updated references.