

SPECIALTY GUIDELINE MANAGEMENT

ERIVEDGE (vismodegib)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indication:

1. Erivedge is 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.

B. Compendial Uses

1. High-risk basal cell carcinoma if residual disease is present and further surgery and radiation are contraindicated or if negative margins are unachievable by Mohs surgery or more extensive surgical procedures
2. Nodal or distant metastatic basal cell carcinoma

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

Basal Cell Carcinoma (BCC)

Authorization of 12 months may be granted for the treatment of basal cell carcinoma

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet ALL initial authorization criteria.

IV. REFERENCES

1. Erivedge [package insert]. South San Francisco, CA: Genentech USA Inc.; November 2016.
2. The NCCN Drugs & Biologics Compendium™ © 2016 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed December 02, 2016.