UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2018 P 1030-6
Program	Prior Authorization/Notification
Medication	Erivedge® (vismodegib)
P&T Approval Date	4/2012, 8/2012, 7/2013, 11/2014, 11/2015, 9/2016, 9/2017, 9/2018
Effective Date	12/1/2018; Oxford only: 12/1/2018

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]

Coverage Information:

Members will be required to meet the criteria below for coverage. For members under the age of 19 years, the prescription will automatically process without a coverage review.

Some states mandate benefit coverage for off-label use of medications for some diagnoses or under some circumstances. Some states also mandate usage of other Compendium references. Where such mandates apply, they supersede language in the benefit document or in the notification criteria.

2. Coverage Criteria:

A. <u>Patients less than 19 years of age</u>

1. **Erivedge** will be approved based on the following criterion:

    a. Patient is less than 19 years of age

    Authorization will be issued for 12 months.

B. <u>Basal Cell Carcinoma</u>

1. **<u>Initial Authorization</u>**

    a. **Erivedge** will be approved based on **<u>one</u>** of the following criteria:

        (1) Diagnosis of metastatic basal cell carcinoma

        -OR-

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(2) **Both** of the following:

(a) Diagnosis of locally advanced basal cell carcinoma

-AND-

(b) **One** of the following:

i. Cancer has recurred following surgery
ii. Patient is not a candidate for surgery
iii. Patient is not a candidate for radiation

Authorization will be issued for 12 months.

2. Reauthorization

a. Erivedge will be approved based on the following criterion:

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

Authorization will be issued for 12 months.

3. Additional Clinical Rules:

- Supply limits may be in place.

4. References:

1. Erivedge [package insert]. South San Francisco, CA: Genentech, Inc.; August 2017.
2. The NCCN Drugs and Biologics Compendium (NCCN Compendium™). Available at http://www.nccn.org/professionals/drug_compendium/content/contents.asp. Accessed August 2, 2018.

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Change Control	
11/2014	Annual review with no change to coverage criteria.
11/2015	Annual review. Increased authorization from 10 months to 12 months. Updated background & references.
9/2016	Annual review. Verbiage change in coverage criteria from Member to Patient. Formatting changes to criteria with no change to clinical intent. Updated background and references.
9/2017	Annual review with no change to coverage criteria. Updated references.
9/2018	Annual review with no change to coverage criteria. Updated references.

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