

Applicable Drugs: Erivedge (vismodegib)

Preferred: N/A

Non-preferred: N/A

Date of Origin: 2/1/2013

Date Last Reviewed / Revised: 5/21/2025

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through VII are met)

- I. Documentation of one of the following diagnoses A through D AND must meet all criteria listed under the applicable diagnosis:
FDA-Approved Indication(s)
 - A. Metastatic Basal Cell Carcinoma
 - B. Locally Advanced Basal Cell Carcinoma and one of the following criteria are met:
 - i. The patient is not a candidate for surgery or radiation therapy.
 - ii. Carcinoma has recurred following surgery.
 - Other Uses With Supportive Evidence
 - C. Basal Cell Carcinoma
 - i. Documentation of nodal disease.
 - ii. The patient is not a candidate for surgery or radiation therapy.
 - D. Medulloblastoma
 - i. Patient has tried and failed at least 1 prior systemic therapy
- II. Erivedge will be used as a single agent.
- III. Documented mutations in the sonic hedgehog (SHH) pathway.
- IV. Minimum age requirement: 18 years old.
- V. Treatment must be prescribed by or in consultation with an oncologist or hematologist.
- VI. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.
- VII. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- Pregnancy

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- 30 capsules per 30 days

APPROVAL LENGTH

- **Authorization:** 12 months
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and does not show evidence of progressive disease.

APPENDIX

N/A

REFERENCES

1. Erivedge. Prescribing information. Genentech USA; 2023. Accessed May 21, 2025. http://www.gene.com/download/pdf/erivedge_prescribing.pdf.
2. NCCN Clinical Practice Guidelines in Oncology. Basal Cell Skin Cancer. V.2.2025. Updated February 7, 2025. https://www.nccn.org/professionals/physician_gls/pdf/nmsc.pdf. Accessed May 21, 2025.
3. NCCN Clinical Practice Guidelines in Oncology. Central Nervous System Cancers. V5.2024. Updated March 18, 2025. Accessed May 21, 2025. http://www.nccn.org/professionals/physician_gls/pdf/cns.pdf

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.