



MEDICATION POLICY

Generic Name: Vismodegib

Therapeutic Class or Brand Name: Erivedge®

Applicable Drugs (if Therapeutic Class): N/A

Date of Origin: 2/1/13

Date Last Reviewed/Revised: 10/6/16

GPI Code: 2137007000

Prior Authorization Criteria (may be considered medically necessary when criteria I through III are met):

- I. Documented diagnosis of one of the following conditions A through B AND must meet criteria listed under applicable diagnosis:
 - A. Metastatic Basal Cell Carcinoma.
 - B. Locally Advanced Basal Cell Carcinoma and criteria 1 and 2 are met:
 1. The patient is not a candidate for radiation.
 2. The patient is not a candidate for surgery, or the carcinoma has recurred or progressed following surgery.
- II. Minimum age requirement: 18 years old.
- III. Prescriber is an oncologist.

Exclusion Criteria:

- N/A

Other Criteria:

- N/A

Quantity/Days Supply Restrictions:

- 30 capsules per 30 days.

Approval Length:

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

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 judgment in providing the most appropriate care for their patients.



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Appendix:

N/A

References:

1. <http://blue.regence.com/trgmedpol/drugs/dru274.pdf>.
2. [Medi-Span](#).
3. http://www.gene.com/download/pdf/erivedge_prescribing.pdf.

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<i>Historical Tracking Of Changes Made To Policy</i>	
<i>10/6/2016</i>	1. Policy reviewed: no changes made.
<i>4/14/2015</i>	1. Policy reviewed: no changes made.
<i>12/121/2013</i>	1. Adapted policy to new format. 2. Added GPI code. 3. Updated references to include Medi-Span.

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