



MEDICATION POLICY

Generic Name: Vemurafenib

Therapeutic Class or Brand Name: Zelboraf®

Applicable Drugs (if Therapeutic Class): N/A

Date of Origin: 2/1/13

Date Last Reviewed/Revised: 10/6/16

GPI Code: 2153208000

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

- I. Documented diagnosis of unresectable or metastatic melanoma.
- II. Must provide documentation of a BRAF V600E mutation as detected from an FDA-approved test.
- III. Minimum age requirement: 18 years old.
- IV. Prescriber is an oncologist.

Exclusion Criteria:

- Patients with wild-type BRAF melanoma.

Other Criteria:

- N/A

Quantity/Days Supply Restrictions:

- 240 tablets 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.

Appendix:

N/A

References:

1. <http://blue.regence.com/trgmedpol/drugs/dru266.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 judgment in providing the most appropriate care for their patients.



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2. <https://tuftshealthplan.com/documents/providers/guidelines/pharmacy-medical-necessity-guidelines/zelboraf-commercial-direct>.
3. [Medi-Span](#).
4. http://www.gene.com/download/pdf/zelboraf_prescribing.pdf.

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<i>Historical Tracking Of Changes Made To Policy</i>	
<i>10/6/2016</i>	1. Updated “ http://www.tuftshealthplan.com/providers/pdf/pharmacy_criteria/zelboraf.pdf ” to “ https://tuftshealthplan.com/documents/providers/guidelines/pharmacy-medical-necessity-guidelines/zelboraf-commercial-direct ” under References.
<i>4/21/2015</i>	1. Policy reviewed: no changes made.
<i>12/3/2013</i>	1. Adapted policy to new format. 2. Added GPI Code. 3. Changed “Must provide documentation of a BRAFV600 mutation; Copy of BRAFV600 mutation test results obtained from an FDA-approved test” to “Must provide documentation of a BRAF V600E mutation as detected from an FDA-approved test” under Prior Authorization Criteria. 4. Added “Patients with wild-type BRAF melanoma” to Exclusion Criteria. 5. Updated references to include Medi-Span.

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