Pharmacy Policy Bulletin

Title: Vismodegib (Erivedge)
Policy #: Rx.01.118

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, gender or quantity restrictions. Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Intent:
Vismodegib (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.

The use of Vismodegib (Erivedge) requires prior authorization (i.e. clinical pharmacy and/or Medical Director review).

Description:
Vismodegib (Erivedge) is an inhibitor of the Hedgehog pathway.

Policy:
Vismodegib (Erivedge) is approved when the following inclusion criteria is met:

- Documentation of use 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.

Guidelines:
Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the pharmacy benefits of the Company’s products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:


Curis announces presentation of positive vismodegib pivotal clinical data in advanced basal cell carcinoma.


**Applicable Drugs:**

Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Generic Name</th>
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<tbody>
<tr>
<td>Erivedge</td>
<td>Vismodegib</td>
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**Cross References:**

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**Policy Version Number:**

**P&T Approval Date:** May 10, 2012

**Policy Effective Date:** August 01, 2012

**Next Required Review Date:** May 10, 2013

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