

Reference number(s)
1785-A

## SPECIALTY GUIDELINE MANAGEMENT

### ERIVEDGE (vismodegib)

#### POLICY

##### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

###### A. FDA-Approved Indication

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.

###### B. Compendial Uses

Nodal or distant metastatic basal cell carcinoma

All other indications are considered experimental/investigational and are not a covered benefit.

##### II. CRITERIA FOR INITIAL APPROVAL

###### **Basal Cell Carcinoma (BCC)**

Authorization of 12 months may be granted for the treatment of locally advanced or metastatic basal cell carcinoma.

##### III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continuation of therapy for an indication outlined in Section II when there is no evidence of unacceptable toxicity or disease progression on the current regimen.

##### IV. REFERENCES

1. Erivedge [package insert]. South San Francisco, CA: Genentech USA Inc.; January 2019.
2. The NCCN Drugs & Biologics Compendium™ © 2018 National Comprehensive Cancer Network, Inc. <https://www.nccn.org>. Accessed October 24, 2018.
3. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology® Basal Cell Skin Cancer (Version 1.2019). <https://www.nccn.org>. Accessed October 24, 2018.