

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 basal cell carcinoma

##### III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet ALL initial authorization criteria.

##### IV. REFERENCES

1. Erivedge [package insert]. South San Francisco, CA: Genentech USA Inc.; August 2017.
2. The NCCN Drugs & Biologics Compendium™ © 2017 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed November 28, 2017.