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
1. Basal cell carcinoma
2. Adult medulloblastoma

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

A. Basal Cell Carcinoma (BCC)
Authorization of 12 months may be granted for treatment of advanced, diffuse (e.g., Gorlin syndrome), recurrent, nodal, or metastatic basal cell carcinoma, as a single agent.

B. Adult Medulloblastoma
Authorization of 12 months may be granted for treatment of recurrent adult medulloblastoma in patients who have received prior systemic therapy and whose tumor(s) have mutations in the sonic hedgehog pathway, as a single agent.

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section II when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

IV. REFERENCES

1. Erivedge [package insert]. South San Francisco, CA: Genentech USA, Inc.; March 2023.
2. The NCCN Drugs & Biologics Compendium™ © 2023 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed October 19, 2023.