Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

ERIVEDGE (vismodegib)

GPI CODING:

21370070000120

DESCRIPTION:

Erivedge is FDA-approved for the treatment of patients with metastatic basal cell carcinoma (BCC) or with locally advanced BCC that has recurred following surgery or who are not candidates for surgery or radiation. Erivedge is an inhibitor of the Hedgehog signaling pathway, a pathway that is active in most BCCs.

APPROVAL DURATION:

Approval duration: 2 years

CRITERIA FOR ERIVEDGE

I. Patient has a diagnosis of metastatic basal cell carcinoma (BCC)

OR

II. Patient has locally advanced BCC that has recurred following surgery or patient is not a candidate for surgery or radiation **AND**

III. Patient was instructed on the importance and proper use of appropriate contraceptive methods **AND**

IV. If Erivedge is prescribed for a female patient of childbearing potential, pregnancy status has been verified prior to the start of therapy

OR

V. Off label uses for oncology drugs if considered medically acceptable in one or more of the following compendia (i.e., Micromedex DrugDex, AHFS, Clinical Pharmacology, and NCCN.)) A use is identified by a compendium as medically accepted if the:
   A. Indication is a Category 1 or 2A in NCCN,
   B. Indication is a Class I, Class IIa or Class IIb in DrugDex,
   C. Narrative text in AHFS or Clinical Pharmacology is supportive; or
   D. The use is supported by clinical research in 2 or more peer-reviewed medical journals