BlueCross BlueShield of Arizona
An Independent Licensee of the Blue Cross and Blue Shield Association

PHARMACY COVERAGE GUIDELINES	**ORIGINAL EFFECTIVE DATE: 11/19/15**
SECTION: DRUGS	**LAST REVIEW DATE: 11/16/17**
	LAST CRITERIA REVISION DATE: 11/16/17
	ARCHIVE DATE:

ERIVEDGE® (vismodegib) oral capsule

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Pharmacy Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Pharmacy Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Pharmacy Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Pharmacy Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

This Pharmacy Coverage Guideline does not apply to FEP or other states' Blues Plans.

Information about medications that require precertification is available at www.azblue.com/pharmacy.

Some large (100+) benefit plan groups may customize certain benefits, including adding or deleting precertification requirements.

All applicable benefit plan provisions apply, e.g., waiting periods, limitations, exclusions, waivers and benefit maximums.

Precertification for medication(s) or product(s) indicated in this guideline requires completion of the request form in its entirety with the chart notes as documentation. All requested data must be provided. Once completed the form must be signed by the prescribing provider and faxed back to BCBSAZ Pharmacy Management at (602) 864-3126 or emailed to Pharmacyprecert@azblue.com. **Incomplete forms or forms without the chart notes will be returned.**

ERIVEDGE® (vismodegib) oral capsule (cont.)

Description:

Erivedge (vismodegib) is indicated for the treatment of adults with metastatic basal cell carcinoma, or with locally advanced basal cell carcinoma that recurred following surgery or who are not candidates for surgery, and who are not candidates for radiation.

Basal cell carcinoma and squamous cell carcinoma of the skin, are collectively referred to as non-melanoma skin cancer (NMSC). They are the most commonly diagnosed malignant neoplasms in Caucasians yet they are rarely fatal. Squamous cell carcinomas are more aggressive, and neglected lesions can be life-threatening due to local extension or metastasis. By contrast, basal cell carcinoma (BCC) is rarely life-threatening. While BCC tumors have low metastatic potential, they are locally invasive and can be destructive to the skin and to the surrounding tissues. The majority of BCC involve the face and head. The presentation of BCC is divided into three groups based on lesion histopathology: nodular, superficial, and morpheaform.

According to the National Comprehensive Cancer Network (NCCN) Clinical practice 2018 Guideline in Oncology for basal cell skin cancer, surgical approaches are the most effective & efficient means of accomplishing cure but considerations of function, cosmesis, and patient preferences may lead to choosing radiation therapy as primary treatment.

Primary treatments for low-risk basal cell carcinoma include curettage and electrodesiccation or standard excision or radiation therapy for non-surgical candidates. In patients with low-risk, superficial basal cell skin cancer, where surgery and radiation are contraindicated or impractical topical therapies such as 5-fluorouracil, topical imiquimod, photodynamic therapy (aminolevulinic acid, porfimer sodium), or vigorous cryotherapy may be considered.

Primary treatments for high-risk basal cell carcinoma include Mohs micrographic surgery (MMS) or resection or standard excision or radiation therapy for non-surgical candidates. For high-risk basal cell carcinoma individuals with positive Mohs margins adjuvant therapy may include radiation or hedgehog pathway inhibitor may be considered. If residual disease is still present after adjuvant therapy and further surgery and radiation treatments are contraindicated, other systemic treatment with hedgehog pathway inhibitor may be considered.

The hedgehog signaling pathway is involved in basal cell proliferation and tumor growth. Signaling in this pathway is initiated by the cell surface receptor smoothened homolog (SMO). This pathway normally is inhibited by another cell surface receptor, called the patched homolog 1 (PTCH1). Binding of the hedgehog ligand to PTCH1 prevents this inhibition. Two mechanisms have been identified by which the hedgehog pathway may be involved in the pathogenesis of basal cell carcinoma. Mutations of PTCH1 may prevent inhibition of SMO activation of the hedgehog pathway or mutations of SMO may result in constitutive activation of the pathway.

Two inhibitors, vismodegib and sonidegib, have clinically useful activity in patients with locally advanced or metastatic basal cell carcinoma.

Erivedge (vismodegib) is an inhibitor of the hedgehog (Hh) signaling pathway. Vismodegib binds to and inhibits Smoothened, a transmembrane protein involved in Hh signal transduction and activation of the cascade. Hh plays an important role in embryonic growth and has been implicated as a growth stimulus for various cancers, where activation of the pathway significantly accelerates tumor growth. Activation of Hh has been implicated in the development of basal cell carcinoma.

ERIVEDGE® (vismodegib) oral capsule (cont.)

Erivedge (vismodegib)

Medication class:
Antineoplastic, hedgehog pathway inhibitor

FDA-approved indication(s):
- Treatment of metastatic basal cell carcinoma, or locally advanced basal cell carcinoma that has recurred following surgery or in patients who are not candidates for surgery, and not candidates for radiation

Recommended Dose:
- 150 mg once daily

Maximum dosage
- 150 mg once daily

Available Dosage Forms:
- 150 mg capsule

Warnings and Precautions:
- Need a negative pregnancy test within 7 days before starting therapy
- Woman of child bearing potential should use effective contraception
- Woman who is breast feeding an infant or child should stop breast feeding
- Males, even if has had a vasectomy, with female partners of reproductive potential should use condoms

Criteria:

- **Criteria for initial therapy:** Erivedge (vismodegib) is considered ***medically necessary*** and will be approved when **ALL** of the following criteria are met:

  1. Prescriber is an Oncologist

  2. Individual is 18 years of age or older

  3. A confirmed diagnosis of **ONE** of the following:
     - Metastatic basal cell carcinoma
     - Locally advanced basal cell carcinoma that has recurred following surgery **OR** the individual is not a candidate for surgery **AND** the individual is not a candidate for radiation
     - Locally advanced basal cell carcinoma that has recurred following radiation **OR** the individual is not a candidate for radiation **AND** the individual is not a candidate for surgery

  4. There be a negative pregnancy test within 7 days before starting therapy in a woman of child bearing age, unless uses effective contraception

  Initial approval duration: 6 months with initial fills of 14 days per fill for first 3 months

ERIVEDGE® (vismodegib) oral capsule (cont.)

- **Criteria for continuation of coverage (renewal request):** Erivedge (vismodegib) is considered ***medically necessary*** and will be approved when **ALL** of the following criteria are met:

  1. Individual continues to be seen by an Oncologist
  2. Individual's condition has not worsened while on therapy
  3. Individual has been adherent with the medication

  Renewal duration: 12 months

Resources:

Erivedge. Package Insert. Revised by manufacturer 05/2015. Accessed 08-04-2015, 10-19-2016

Off Label Use of Cancer Medications: A.R.S. §§ 20-826(R) & (S). Subscription contracts; definitions.

Off Label Use of Cancer Medications: A.R.S. §§ 20-1057(V) & (W). Evidence of coverage by health care service organizations; renewability; definitions.

National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology Basal Cell Skin Cancer; version 1.2017; Oct, 3, 2016.

Sekulic A, Migden MR, Oro AE, et.al: Efficacy and safety if vismodegib in advanced basal cell carcinoma. MEJM 2012; 366;23 (Jun 7):2171-2179

NCCN Clinical Practice Guidelines in Oncology: Basal cell skin cancer. Version 1.2018, Sep 18, 2017. https://www.nccn.org/professionals/physician_gls/pdf/nmsc.pdf

UpToDate: Epidemiology, pathogenesis, and clinical features of basal cell carcinoma. Current through Aug, 2017. https://www-uptodate-com.mwu.idm.oclc.org/contents/epidemiology-pathogenesis-and-clinical-features-of-basal-cell-carcinoma?source=search_result&search=basal%20cell%20carcinoma&selectedTitle=1~150#H29

UpToDate: Treatment and prognosis of basal cell carcinoma at low risk of recurrence. Current through Aug, 2017. https://www-uptodate-com.mwu.idm.oclc.org/contents/treatment-and-prognosis-of-basal-cell-carcinoma-at-low-risk-of-recurrence?source=search_result&search=basal%20cell%20carcinoma&selectedTitle=2~150

UpToDate: Treatment of basal cell carcinomas at high risk of recurrence. Current through Aug, 2017. https://www-uptodate-com.mwu.idm.oclc.org/contents/treatment-of-basal-cell-carcinomas-at-high-risk-for-recurrence?source=search_result&search=basal%20cell%20carcinoma&selectedTitle=3~150

UpToDate: Systemic treatment of advanced cutaneous squamous and basal cell carcinomas. Current through Aug, 2017. https://www-uptodate-com.mwu.idm.oclc.org/contents/systemic-treatment-of-advanced-cutaneous-

ERIVEDGE® (vismodegib) oral capsule (cont.)

squamous-and-basal-cell-carcinomas?source=search_result&search=basal%20cell%20carcinoma&selectedTitle=6~150

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Fax completed prior authorization request form to 602-864-3126 or email to pharmacyprecert@azblue.com.
Call 866-325-1794 to check the status of a request.
All requested data must be provided. **Incomplete forms or forms without the chart notes will be returned.**
Pharmacy Coverage Guidelines are available at www.azblue.com/pharmacy.

Pharmacy Prior Authorization Request Form

Do not copy for future use. Forms are updated frequently.
REQUIRED: Office notes, labs, and medical testing relevant to the request that show medical justification are required.

Member Information

Member Name (first & last):	Date of Birth:	Gender:	BCBSAZ ID#:
Address:	City:	State:	Zip Code:

Prescribing Provider Information

Provider Name (first & last):	Specialty:	NPI#:	DEA#:
Office Address:	City:	State:	Zip Code:
Office Contact:	Office Phone:	Office Fax:	

Dispensing Pharmacy Information

Pharmacy Name:	Pharmacy Phone:	Pharmacy Fax:

Requested Medication Information

Medication Name:	Strength:		Dosage Form:
Directions for Use:	Quantity:	Refills:	Duration of Therapy/Use:

☐ Check if requesting **brand** only ☐ Check if requesting **generic**

☐ Check if requesting continuation of therapy (prior authorization approved by BCBSAZ expired)

Turn-Around Time For Review

☐ Standard ☐ Urgent. Sign here: _____ ☐ Exigent (requires prescriber to include a written statement)

Clinical Information

1. **What is the diagnosis? Please specify below.**

   ICD-10 Code: _____ **Diagnosis Description:** _____

2. ☐ Yes ☐ No **Was this medication started on a recent hospital discharge or emergency room visit?**

3. ☐ Yes ☐ No **There is absence of ALL contraindications.**

4. **What medication(s) has the individual tried and failed for this diagnosis? Please specify below.**
Important note: Samples provided by the provider are not accepted as continuation of therapy or as an adequate trial and failure.

Medication Name, Strength, Frequency	Dates started and stopped or Approximate Duration	Describe response, reason for failure, or allergy

5. **Are there any supporting labs or test results? Please specify below.**

Date	Test	Value

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Pharmacy Prior Authorization Request Form

6. Is there any additional information the prescribing provider feels is important to this review? Please specify below.
For example, explain the negative impact on medical condition, safety issue, reason formulary agent is not suitable to a specific medical condition, expected adverse clinical outcome from use of formulary agent, or reason different dosage form or dose is needed.

Signature affirms that information given on this form is true and accurate and reflects office notes

Prescribing Provider's Signature: Date:

Please note: Some medications may require completion of a drug-specific request form.

Incomplete forms or forms without the chart notes will be returned.

Office notes, labs, and medical testing relevant to the request that show medical justification are required.