BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES	**ORIGINAL EFFECTIVE DATE: 11/19/2015**
SECTION: DRUGS	**LAST REVIEW DATE: 11/18/2021**
	LAST CRITERIA REVISION DATE: 11/18/2021
	ARCHIVE DATE:

ERIVEDGE® (vismodegib)

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.**

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ERIVEDGE® (vismodegib)

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 a physician specializing in the patient's diagnosis or is in consultation with an Oncologist or Dermatologist

  2. Individual is 18 years of age or older

  3. A confirmed diagnosis of **ONE** of the following:
     a. Metastatic basal cell carcinoma (mBCC) or locally advanced basal cell carcinoma (laBCC) that has recurred following surgery **OR** the individual is not a candidate for surgery **AND** the individual is not a candidate for radiation

     b. Treatment of recurrent medulloblastoma as a single agent in patients who have received prior chemotherapy and have mutations in the sonic hedgehog pathway

     c. Other request for a specific oncologic direct treatment use that is found and listed in the National Comprehensive Cancer Network (NCCN) Guidelines with Categories of Evidence and Consensus of 1 and 2A

  4. **ALL** of the following baseline tests have been completed before initiation of treatment with continued monitoring as clinically appropriate:
     a. A negative pregnancy in a woman of childbearing age

  5. There are no significant interacting drugs

  Initial approval duration: 6 months

- **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 a physician specializing in the patient's diagnosis or is in consultation with an Oncologist or Dermatologist

  2. Individual's condition has not worsened while on therapy
     a. Worsening is defined as:
        i. Disease progression
        ii. There is no evidence of efficacy, disease stability and/or improvement

  3. Individual has been adherent with the medication

  4. Individual has not developed any significant adverse drug effects that may exclude continued use
     a. Significant adverse effect such as:

i. Stevens-Johnson syndrome
ii. Toxic epidermal necrolysis
iii. Drug reaction with eosinophilia and systemic symptoms

5. There are no significant interacting drugs

Renewal duration: 12 months

- Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

1. **Off-Label Use of a Non-cancer Medications**

2. **Off-Label Use of a Cancer Medication for the Treatment of Cancer without a Specific Coverage Guideline**

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.

Resources:

Erivedge (vismodegib) product information, revised by Genentech, Inc. 07-2020. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed August 27, 2021.

National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Basal Cell Skin Cancer Version 2.2021 – February 25, 2021. Available at https://www.nccn.org. Accessed August 27, 2021.

National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Central Nervous System Cancers Version 1.2021 – June 04,2021. Available at https://www.nccn.org. Accessed August 27, 2021.

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.