

## Erivedge<sup>®</sup> (vismodegib)

Document Number: IC-0039

Last Review Date: 10/30/2018

Date of Origin: 03/01/2012

Dates Reviewed: 12/2012, 03/2013, 02/2014, 12/2014, 10/2015, 10/2016, 10/2017, 10/2018

### I. Length of Authorization

Coverage will be provided for six months and may be renewed.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [Pharmacy Benefit]:

- 150 mg capsule: 1 capsule per day

#### B. Max Units (per dose and over time) [Medical Benefit]:

- 150 mg daily

### III. Initial Approval Criteria

#### Basal Cell Carcinoma †

- Patient is 18 years or older; **AND**
- Negative pregnancy test for women of child-bearing potential; **AND**
  - Patient has nodal or metastatic disease; **OR**
  - Patient has locally advanced disease; **AND**
    - Patient has disease recurrence following surgery (or patient is not a candidate); **AND**
    - Patient is not a candidate for radiation

† FDA approved indication(s); ‡ Compendia recommended indication(s)

### IV. Renewal Criteria

Authorizations can be renewed based on the following criteria:

- Patient continues to meet the criteria identified in section III; **AND**
- Tumor response with stabilization of disease or decrease in size of tumor or tumor spread; **AND**

- Absence of unacceptable toxicity from the drug. Examples include: Grade 3 laboratory abnormalities (i.e., hyponatremia, hypokalemia, azotemia).

## V. Dosage/Administration

Indication	Dose
All Indications	150 mg by mouth daily

## VI. Billing Code/Availability Information

Jcode:

J8999 – Prescription drug oral, chemotherapeutic, Not Otherwise Specified

NDC:

Erivedge 150 mg capsules: 50242-0140-xx

## VII. References

1. Erivedge [package insert]. South San Francisco, CA; Genentech; August 2017. Accessed September 2018.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) vismodegib. National Comprehensive Cancer Network, 2018. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed September 2018.

## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C44.01	Basal cell carcinoma of skin of lip
C44.111	Basal cell carcinoma of skin of unspecified eyelid, including canthus
C44.112	Basal cell carcinoma of skin of right eyelid, including canthus
C44.119	Basal cell carcinoma of skin of left eyelid, including canthus
C44.211	Basal cell carcinoma of skin of unspecified ear and external auricular canal
C44.212	Basal cell carcinoma of skin of right ear and external auricular canal
C44.219	Basal cell carcinoma of skin of left ear and external auricular canal
C44.310	Basal cell carcinoma of skin of unspecified parts of face
C44.311	Basal cell carcinoma of skin of nose
C44.319	Basal cell carcinoma of skin of other parts of face
C44.41	Basal cell carcinoma of skin of scalp and neck
C44.510	Basal cell carcinoma of anal skin
C44.511	Basal cell carcinoma of skin of breast

ICD-10	ICD-10 Description
C44.519	Basal cell carcinoma of skin of other part of trunk
C44.611	Basal cell carcinoma of skin of unspecified upper limb, including shoulder
C44.612	Basal cell carcinoma of skin of right upper limb, including shoulder
C44.619	Basal cell carcinoma of skin of left upper limb, including shoulder
C44.711	Basal cell carcinoma of skin of unspecified lower limb, including hip
C44.712	Basal cell carcinoma of skin of right lower limb, including hip
C44.719	Basal cell carcinoma of skin of left lower limb, including hip
C44.81	Basal cell carcinoma of overlapping sites of skin
C44.91	Basal cell carcinoma of skin, unspecified
Z85.828	Personal history of other malignant neoplasm of skin

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto Government Benefit Administrators, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC