

vismodegib capsule (ERIVEDGE)

Diagnosis Considered for Coverage:

- Locally advanced or metastatic basal cell carcinoma (BCC)
- Adult medulloblastoma

Coverage Criteria:

For basal cell carcinoma:

- Dose does not exceed 150 mg per day, **and**
- Being used as a single agent, **and**
- One of the following:
 - Patient has metastatic disease, **or**
 - Locally advanced disease, **or**
 - Disease recurrence after surgical resection, **or**
 - Patient is not a candidate for surgery AND radiation therapy

For diagnosis of adult medulloblastoma:

- Patient has received prior chemotherapy, **and**
- Presence of mutation in the sonic hedgehog pathway, **and**
- Being used as a single agent, **and**
- Dose does not exceed 150 mg per day.

Coverage Duration: one year

References:

1. Erivedge. [Prescribing Information]. Genentech, Inc., San Francisco, CA. 3/2023.
2. Erivedge®. National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium. 2023. Available by subscription at: www.nccn.org.
3. National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology. Basal Cell Skin Cancer. (v1.2023). Available at www.nccn.org.
4. National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology. Central Nervous System Cancers. (v1.2023). Available at www.nccn.org.

Effective Date: 09/27/2023