ERIVEDGE (vismodegib)

**Plan Limitations:**
- Applies to all Blue Shield of California Medicare Part D plans

**Diagnoses Considered for Coverage:**
- All FDA-approved indications not otherwise excluded from Part D

**Coverage Criteria:**

*** PA criteria apply to new-start therapy only***

1) **Metastatic Basal Cell Carcinoma or for locally advanced disease where surgery and radiation are not appropriate:**
- Erivedge is being used as monotherapy, AND
- Dose does not exceed 150mg per day, AND
- Patient is 18 years of age or older, AND
- For locally advanced or non-metastatic disease prescribed by a Dermatologist or Oncologist, OR
- For metastatic disease prescribed by an Oncologist.

**Coverage Duration:**
- Annual

Updated 01/2017