PRIOR AUTHORIZATION POLICY

POLICY: Oncology – Erivedge Prior Authorization Policy
- Erivedge® (vismodegib capsules – Genentech/Roche)

REVIEW DATE: 01/17/2024

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Erivedge, an inhibitor of the hedgehog signaling pathway, is indicated for adults for the treatment of metastatic **basal cell carcinoma**, or locally advanced basal cell carcinoma that has recurred following surgery or who are not candidates for surgery and who are not candidates for radiation.[1]

Guidelines

National Comprehensive Cancer Network (NCCN) guidelines address Erivedge.

- **Basal Cell Carcinoma:** Guidelines (version 2.2024 – September 14, 2023) note that surgical approaches offer the most effective and efficient means for accomplishing a cure; radiation therapy may be chosen as the primary treatment in order to achieve optimal overall results.[2] Erivedge is recommended for locally advanced disease where surgery and/or radiation therapy may not result in a cure or would possibly produce a significant functional limitation, nodal disease if surgery is not feasible, metastatic disease, and diffuse basal cell carcinoma formation (e.g. basal cell nevus syndrome [Gorlin syndrome] or other genetic forms of multiple basal cell carcinoma) as "Other Recommended Regimens" (all category 2A). Erivedge is

also recommended as neoadjuvant therapy for locally advanced disease as "Other Recommended Regimens" (category 2B).

- **Central Nervous System Cancers:** Guidelines (version 1.2023 – March 24, 2023) list Erivedge as a treatment option for adults with recurrent medulloblastoma, in patients who have received prior systemic therapy and have mutations in the sonic hedgehog pathway.[3]

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Erivedge. All approvals are provided for the duration noted below.

- **Erivedge® (vismodegib capsules (Genentech/Roche)**

is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indications

1. **Basal Cell Carcinoma, Locally Advanced.** Approve for 1 year if the patients meets ONE of the following conditions (A or B):
   - **A)** Initial Therapy. Approve if the patient meets BOTH of the following (i and ii):
     - **i.** Patient is ≥ 18 years of age; AND
     - **ii.** Patient meets one of the following (a or b):
       - **a)** Patient has recurrent basal cell carcinoma following surgery or radiation therapy; OR
       - **b)** Patient meets BOTH of the following [(1) and (2)]:
         - **(1)** Patient is not a candidate for surgery; AND
         - **(2)** According to the prescriber, the patient is not a candidate for radiation therapy.
   - **B)** Patient is Currently Receiving Erivedge. Approve.

2. **Basal Cell Carcinoma, Metastatic.** Approve for 1 year if the patient is ≥ 18 years of age.
   Note: This includes primary or recurrent nodal metastases and distant metastatic disease.

Other Uses with Supportive Evidence

3. **Central Nervous System Cancer.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
   Note: This includes brain and spinal cord tumors.
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient has medulloblastoma; AND
   - **C)** Patient has tried at least one chemotherapy agent; AND
     Note: Examples of chemotherapy include etoposide, carboplatin, cisplatin.
   - **D)** According to the prescriber, the patient has a mutation of the sonic hedgehog pathway.

CONDITIONS NOT COVERED

- **Erivedge® (vismodegib capsules (Genentech/Roche)**

is(are) considered experimental, investigational, or unproven for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Basal Cell Carcinoma (Locally Advanced or Metastatic), in a Patient with Disease Progression While on Odomzo (sonidegib capsules).** Note: This does not apply to a patient already started on Erivedge. Refer to criteria for basal cell carcinoma, Locally Advanced for a Patient Currently Receiving Erivedge. There are no data to support the use of Erivedge in patients who have experienced disease progression on Odomzo, another hedgehog signaling pathway inhibitor. Previous use of a hedgehog inhibitor was not allowed in the pivotal study for Odomzo.[1] Patients who develop resistance to one of the hedgehog pathway inhibitors are not expected to respond to another hedgehog pathway inhibitor. There is an open-label study which evaluated patients (n = 9) with advanced basal cell carcinoma; patients with resistance to Odomzo also progressed on Erivedge.[4]

2. **Metastatic Colorectal Cancer.** Erivedge is not recognized in the treatment recommendations for colon cancer from the NCCN (version 4.2023 – November 16, 2023).[5] In combination with standard of care treatment for first-line disease, Erivedge did not confer incremental clinical benefit as measured by progression-free survival (PFS) compared with standard of care therapy alone. A Phase II study was designed to assess whether Erivedge would prolong PFS when combined with standard of care therapy (FOLFOX [leucovorin, fluorouracil, oxaliplatin] or FOLFIRI [leucovorin, fluorouracil, irinotecan] in combination with Avastin® [bevacizumab injection]) in patients requiring first-line treatment for metastatic colorectal cancer.[6] Adults with histologically confirmed disease were randomized 1:1 to Erivedge or placebo (n = 199). There was not a significant difference in median PFS or 12-month survival with Erivedge vs. placebo.

3. **Ovarian Cancer.** The NCCN guidelines for Ovarian Cancer (version 2.2023 – June 2, 2023) do not address the use of Erivedge for the management of ovarian cancer.[7] The prespecified magnitude of PFS was not achieved in a Phase II, randomized, double-blind, placebo-controlled trial in adults with histologically confirmed epithelial ovarian carcinoma, primary peritoneal carcinoma, or fallopian tube carcinoma. The study was conducted to determine an estimate of clinical benefit of maintenance therapy with Erivedge in the setting of second or third complete remission as measured by PFS using radiographic assessment.[8] Eligible patients had received chemotherapy (platinum based and/or non-platinum based) for recurrent disease and had achieved complete response after their most recent chemotherapy regimen. PFS was not statistically different with Erivedge vs. placebo.

4. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Erivedge® capsules [prescribing information]. South San Francisco, CA: Genentech/Roche; July 2020.
2. The NCCN Basal Cell Skin Cancer Clinical Practice Guidelines in Oncology (version 2.2024 – September 14, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on January 10, 2024.
3. NCCN Central Nervous System Cancer Clinical Practice Guidelines in Oncology (version 1.2023 – March 24, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on January 10, 2024.
4. Danial C, Sarin KY, Oro AE, Chang AL. An investigator-initiated open-label trial of sonidegib in advanced basal cell carcinoma patients resistant to vismodegib. *Clin Cancer Res*. 2016;22(6):1325-1329.
5. NCCN Colon Cancer Clinical Practice Guidelines in Oncology (version 4.2023 – November 16, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on January 10, 2024.
6. Berlin JD, Bendell JC, Hart LL, et al. A randomized Phase II trial of vismodegib versus placebo with FOLFOX or FOLFIRI and bevacizumab in patients with previously untreated metastatic colorectal cancer. *Clin Cancer Res*. 2013;19(1):258-267.
7. NCCN Ovarian Cancer Clinical Practice Guidelines in Oncology (version 2.2023 – June 2, 2023) © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on January 17, 2024.
8. Kaye SB, Fehrenbacher L, Holloway R, et al. A Phase II, randomized, placebo-controlled study of vismodegib as maintenance therapy in patients with ovarian cancer in second or third complete remission. *Clin Cancer Res*. 2012;18(23):6509-6518.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	**Basal Cell Carcinoma, Metastatic:** A Note was added that this includes primary or recurrent nodal metastases and distant metastases. **Central Nervous System Cancer:** A requirement was added that the patient has medulloblastoma.	12/21/2022
Annual Revision	No criteria change.	01/17/2024