

**Texas Prior Authorization Program  
Clinical Edit Criteria**

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**Drug/Drug Class**

**Zelboraf<sup>®</sup> (Vemurafenib)**

**Clinical Edit Information Included in this Document**

**Zelboraf<sup>®</sup> (Vemurafenib)**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **References:** clinical publications and sources relevant to this clinical edit

**Note:** Click the hyperlink to navigate directly to that section.

**Revision Notes**

- N/A, initial publication



## Zelboraf<sup>®</sup> (Vemurafenib)

### Drugs Requiring Prior Authorization

Zelboraf <sup>®</sup> (Vemurafenib)	
Label Name	GCN
ZELBORAF 240MG TABLET	30332



## Zelboraf<sup>®</sup> (Vemurafenib)

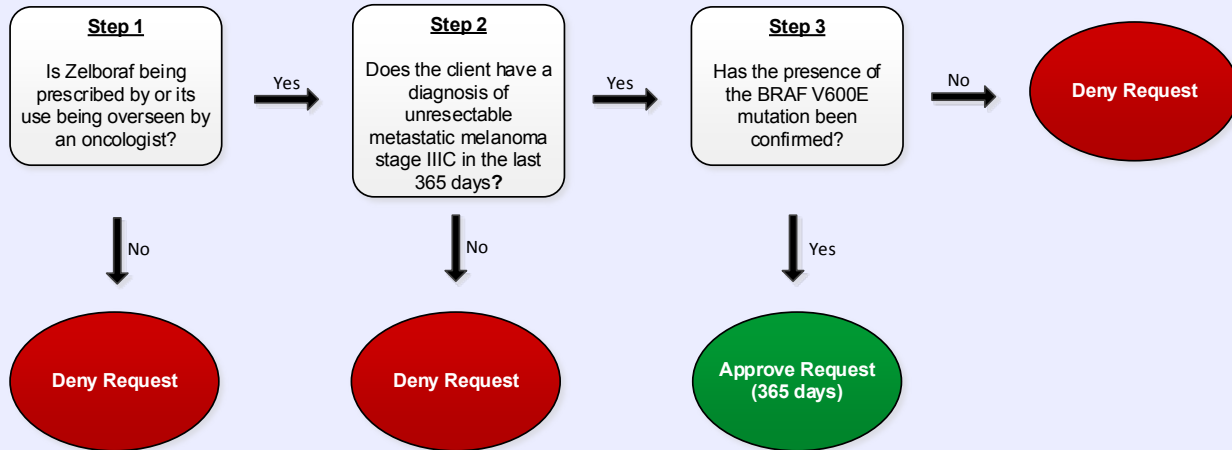
### Clinical Edit Criteria Logic

1. Is Zelboraf<sup>®</sup> being prescribed by or its use being overseen by an oncologist?  
 Yes – Go to #2  
 No – Deny
  
2. Does the client have a diagnosis of unresectable metastatic melanoma stage IIIC in the last 365 days?  
 Yes – Go to #3  
 No – Deny
  
3. Has the presence of the BRAF V600E mutation been confirmed?  
 Yes – Approve (365 days)  
 No – Deny



# Zelboraf® (Vemurafenib)

## Clinical Edit Criteria Logic Diagram



**Zelboraf<sup>®</sup> (Vemurafenib)****Clinical Edit Criteria Supporting Tables**

<b>Step 2 (diagnosis of unresectable metastatic melanoma stage IIIC)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-9 Code</b>	<b>Description</b>
172.9	MELANOMA OF SKIN, SITE UNSPECIFIED
<b>ICD-10 Code</b>	<b>Description</b>
C43	MALIGNANT MELANOMA OF SKIN



## Zelboraf<sup>®</sup> (Vemurafenib)

### Clinical Edit Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier / Gold Standard, Inc. 2014. Available at <http://www.clinicalpharmacology.com>. Accessed on January 3, 2014.
2. 2014 ICD-9-CM Diagnosis Codes, Volume 1. 2013. Available at <http://www.icd9data.com/>. Accessed on January 2, 2014.
3. Cicardi M, Bork K, Caballero T, et al. on behalf of Hereditary Angioedema International Working Group. Evidence-based recommendations for the therapeutic management of angioedema owing to hereditary C1 inhibitor deficiency: consensus report of an International Working Group. *Allergy* 2012;67:147–57.

## Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
01/08/2014	Initial publication