Texas Prior Authorization Program
Clinical Edit Criteria

Drug/Drug Class

Zelboraf® (Vemurafenib)

Clinical Edit Information Included in this Document

Zelboraf® (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
- Updated to include ICD-10s
# Zelboraf® (Vemurafenib)

## Drugs Requiring Prior Authorization

<table>
<thead>
<tr>
<th>Label Name</th>
<th>GCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZELBORAF 240MG TABLET</td>
<td>30332</td>
</tr>
</tbody>
</table>
1. Is Zelboraf® 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

**Step 1**
Is Zelboraf being prescribed by or its use being overseen by an oncologist?

- **Yes** → **Step 2**

**Step 2**
Does the client have a diagnosis of unresectable metastatic melanoma stage IIIC in the last 365 days?

- **Yes** → **Step 3**

- **No** → Deny Request

**Step 3**
Has the presence of the BRAF V600E mutation been confirmed?

- **Yes** → Approve Request (365 days)
- **No** → Deny Request
# Zelboraf® (Vemurafenib)

## Clinical Edit Criteria Supporting Tables

### Step 2 (diagnosis of unresectable metastatic melanoma stage IIIC)

**Required quantity:** 1  
**Look back timeframe:** 365 days

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>172.9</td>
<td>MELANOMA OF SKIN, SITE UNSPECIFIED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C439</td>
<td>MALIGNANT MELANOMA OF SKIN, UNSPECIFIED</td>
</tr>
<tr>
<td>D039</td>
<td>MELANOMA IN SITU, UNSPECIFIED</td>
</tr>
</tbody>
</table>


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.

<table>
<thead>
<tr>
<th>Publication Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/30/2014</td>
<td>Presented to the DUR Board</td>
</tr>
<tr>
<td>03/03/2014</td>
<td>Initial publication and posting to website</td>
</tr>
<tr>
<td>04/03/2015</td>
<td>Updated to include ICD-10s</td>
</tr>
</tbody>
</table>