Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Zelboraf (Vemurafenib)

Clinical Criteria Information Included in this Document

Zelboraf (Vemurafenib)

- **Drugs requiring prior authorization**: the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic**: a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram**: a visual depiction of the clinical 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 criteria

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

Revision Notes

Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each ‘Drug Requiring PA’ table
### Zelboraf (Vemurafenib)

**Drugs Requiring Prior Authorization**

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

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<th>GCN</th>
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<tbody>
<tr>
<td>ZELBORAF 240MG TABLET</td>
<td>30332</td>
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</table>
1. Is the medication being prescribed by, or its use being overseen by, an oncologist? [Manual]
   - [ ] Yes – Go to #2
   - [ ] No – Deny

2. Does the client have a diagnosis of unresectable or metastatic melanoma or Erdheim-Chester disease in the last 365 days?
   - [ ] Yes – Go to #3
   - [ ] No – Deny

3. Has the presence of the BRAF V600E mutation been confirmed? [Manual]
   - [ ] Yes – Go to #4
   - [ ] No – Deny

4. Does the client have 1 claim for a strong CYP3A4 inhibitor/inducer or a CYP1A2 substrate with a narrow therapeutic index in the last 90 days?
   - [ ] Yes – Deny
   - [ ] No – Approve (365 days)
**Zelboraf (Vemurafenib)**

**Clinical Criteria Logic Diagram**

**Step 1**
Is the medication being prescribed by, or its use being overseen by, an oncologist? [Manual]
- Yes → **Step 2**
- No → **Deny Request**

**Step 2**
Does the client have a diagnosis of unresectable or metastatic melanoma or Erdheim-Chester disease in the last 365 days?
- Yes → **Deny Request**
- No → **Step 3**

**Step 3**
Has the presence of the BRAF V600E mutation been confirmed? [Manual]
- Yes → **Deny Request**
- No → **Step 4**

**Step 4**
Does the client have 1 claim for a strong CYP3A4 inhibitor/inducer or a NTI CYP1A2 substrate in the last 90 days?
- Yes → **Deny Request**
- No → **Approve Request (365 days)**
Zelboraf (Vemurafenib)

Clinical Criteria Supporting Tables

### Step 2 (diagnosis of unresectable or metastatic melanoma or Erdheim-Chester disease)

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

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### Step 4 (claim for a strong CYP3A4 inhibitor/inducer or CYP1A2 substrate with a narrow therapeutic index)

**Required quantity:** 1  
**Look back timeframe:** 90 days

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### Step 4 (claim for a strong CYP3A4 inhibitor/inducer or CYP1A2 substrate with a narrow therapeutic index)

**Required quantity:** 1  
**Look back timeframe:** 90 days

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**Step 4 (claim for a strong CYP3A4 inhibitor/inducer or CYP1A2 substrate with a narrow therapeutic index)**

**Required quantity:** 1  
**Look back timeframe:** 90 days

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### Step 4 (claim for a strong CYP3A4 inhibitor/inducer or CYP1A2 substrate with a narrow therapeutic index)

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### Step 4 (claim for a strong CYP3A4 inhibitor/inducer or CYP1A2 substrate with a narrow therapeutic index)

**Required quantity:** 1  
**Look back timeframe:** 90 days

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### Step 4 (claim for a strong CYP3A4 inhibitor/inducer or CYP1A2 substrate with a narrow therapeutic index)

**Required quantity:** 1  
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### Step 4 (claim for a strong CYP3A4 inhibitor/inducer or CYP1A2 substrate with a narrow therapeutic index)

**Required quantity:** 1  
**Look back timeframe:** 90 days

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**Step 4 (claim for a strong CYP3A4 inhibitor/inducer or CYP1A2 substrate with a narrow therapeutic index)**

**Required quantity:** 1  
**Look back timeframe:** 90 days

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Zelboraf (Vemurafenib)

Clinical Criteria References


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.

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