

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnoses

Patient must have **ONE** of the following:

1. Unresectable or metastatic melanoma
 - a. Documented BRAF V600E mutations as detected by an FDA-approved test
 - b. NO Wild-type BRAF melanoma
2. Non-Small Cell Lung Cancer (NSCLC)
 - a. Documented BRAF V600E mutations as detected by an FDA-approved test
3. Hairy Cell Leukemia
 - a. Disease progression after prior therapy with a purine analog regimen
4. Erdheim-Chester disease
 - a. Documented BRAF V600 mutations as detected by an FDA-approved test
5. Langerhans cell histiocytosis
 - a. Documented BRAF V600 mutations as detected by an FDA-approved test

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age and older

Diagnoses

Patient must have **ONE** of the following:



**BlueCross
BlueShield**

Federal Employee Program.

ZELBORAF
(vemurafenib)

1. Unresectable or metastatic melanoma
2. Hairy Cell Leukemia
3. Non-Small Cell Lung Cancer (NSCLC)
4. Erdheim-Chester disease
5. Langerhans cell histiocytosis

Prior – Approval *Renewal* Limits

Same as above