

**Generic Name:** N/A

**Preferred:** N/A

**Therapeutic Class or Brand Name:** BRAF/MEK Inhibitors

**Non-preferred:** N/A

**Applicable Drugs (if Therapeutic Class):**  
Braftovi® (Encorafenib), Mektovi® (Binimetinib)

**Date of Origin:** 1/9/2019

**Date Last Reviewed / Revised:** 5/4/2020

**GPI Code:** 2153204000, 2153352000

### PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through IV are met)

- I. Braftovi is prescribed for one of the following indications A or B:
  - A. Documented diagnosis of unresectable or metastatic melanoma and criteria 1 and 2 are met:
    1. Documented presence of BRAF V600E or V600K mutations.
    2. Braftovi® is prescribed in combination with Mektovi®.
  - B. Documented diagnosis of metastatic colon cancer (CRC) and criteria 1 through 3 are met:
    1. Documented presence of BRAF V600E mutation.
    2. Braftovi® is prescribed in combination with cetuximab.
    3. Patient has received and failed or was intolerant to prior therapy.
- II. Documented genetic mutations are determined by the use of an FDA-approved test.
- III. Minimum age requirement: 18 years old.
- IV. Prescribing physician is an oncologist.

### EXCLUSION CRITERIA

- Not indicated for treatment of wild-type BRAF melanoma or wild-type BRAF CRC.

### OTHER CRITERIA

- N/A

### QUANTITY / DAYS SUPPLY RESTRICTIONS

- Braftovi®
  - Melanoma: Up to a maximum of 450mg once daily (6 capsules per day) per 30-day supply.

- CRC: Up to a maximum of 300mg once daily (4 capsules per day) per 30-day supply.
- Mektovi®
  - Up to a maximum of 45mg twice daily (6 tablets per day) per 30-day supply

## APPROVAL LENGTH

- **Authorization:** 6 months.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and the medication is effective.

## APPENDIX

N/A

## REFERENCES

1. Medi-Span® .
2. National Comprehensive Cancer Network (NCCN). Cutaneous Melanoma. Version 1.2020 – December 19, 2019. Available at:  
[https://www.nccn.org/professionals/physician\\_gls/pdf/cutaneous\\_melanoma.pdf](https://www.nccn.org/professionals/physician_gls/pdf/cutaneous_melanoma.pdf)
3. Mektovi® [Package Insert]. Boulder, CO: Array BioPharma Inc. January 2019. Available at:  
[http://www.arraybiopharma.com/documents/Mektovi\\_Prescribing\\_information.pdf](http://www.arraybiopharma.com/documents/Mektovi_Prescribing_information.pdf) .
4. Bratovi® [Package Insert]. Boulder, CO: Array BioPharma Inc. April 2020. Available at:  
<http://labeling.pfizer.com/ShowLabeling.aspx?id=12990> .

**DISCLAIMER:** Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.