MEDICATION POLICY:

Mekinist®

Generic Name: Trametinib.

Therapeutic Class or Brand Name: Mekinist

Applicable Drugs (if Therapeutic Class): Kinase Inhibitor

GPI Code: 21533570100

Preferred: N/A

Non-preferred: N/A

Date of Origin: 5/18/2018

Date Last Reviewed / Revised: 11/8/2020

PRIOR AUTHORIZATION CRITERIA

(may be considered medically necessary when criteria I through III are met)

I. Documented diagnosis of one of the following conditions A through D and must meet criteria listed under each applicable diagnosis.

   a. Unresectable or metastatic melanoma and criterion 1 and 2 are met:

      1. Documentation of BRAF V600E or V600K mutations as detected by and FDA approved test.
      2. Mekinist® will be used as a single agent or in combination with Tafinlar® (dabrafenib)

   b. Melanoma with lymph node involvement following complete resection and criterion 1 and 2 are met:

      1. Documentation of BRAF V600E or V600K mutations as detected by an FDA approved test
      2. Mekinist® will be used in combination with Teflinar®

   c. Non-small cell lung cancer (NSCLC) and criterion 1 and 2 are met:

      1. Documentation of BRAF V600E mutation as detected by an FDA approved test
      2. Mekinist® will be used in combination with Teflinar®

   d. Locally advanced or metastatic anaplastic thyroid cancer (ATC) and criterion 1 and 2 are met:

      1. Documentation of BRAF V600E mutation as detected by and FDA approved test
      2. Documentation that there are no satisfactory locoregional treatment options
      3. Mekinist® will be used in combination with Teflinar®

II. Minimum age requirement: 18 years old.

III. Prescribing physician is an oncologist

Exclusion Criteria

- Disease progression of melanoma with prior BRAF inhibitors, Zelboraf (Vemurafenib),Tafinlar (dabrafenib).

Other Criteria

- N/A

Quantity / Days Supply Restrictions

- Unresectable or metastatic melanoma - total dose of 2 mg per day/30 days
- Adjuvant treatment of melanoma- total dose of 2 mg per day/30 days for up to 1 year
- NSCLC or ATC- total dose of 2 mg per day/30 days.

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. Please note: for adjuvant treatment of melanoma Mekinist is only indicated to be given up to 1 year..

Appendix

N/A

References

1. https://www.pharma.us.novartis.com/sites/www.pharma.us.novartis.com/files/mekinist.pdf.
2. Medi-span
3. https://www.nccn.org/