MEDICATION POLICY:

Mektovi®

Generic Name: Binimetinib

Therapeutic Class or Brand Name: Mektovi

Applicable Drugs (if Therapeutic Class): N/A

GPI Code: 2153352000

Preferred: N/A

Non-preferred: N/A

Date of Origin: 1/14/2019

Date Last Reviewed / Revised: 12/28/2020

Prior Authorization Criteria

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

I. Documented diagnosis of unresectable or metastatic melanoma.

II. Documentation of BRAF V600E or V600K mutations as detected by an FDA-approved test.

III. Mektovi will be used in combination with Braftovi® (encorafenib).

IV. Minimum age requirement: 18 years old.

V. Prescribing physician is an oncologist.

Exclusion Criteria

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

Other Criteria

- N/A

Quantity / Days Supply Restrictions

- Up to a maximum of 45mg twice daily (6 capsules per day) for a 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. National Comprehensive Cancer Network (NCCN). Cutaneous Melanoma. Version 1.2021 – November 25, 2020. Available at: https://www.nccn.org/professionals/physician_gls/pdf/cutaneous_melanoma.pdf
2. Medi-Span®
3. Mektovi® [Package Insert]. Boulder, CO: Array BioPharma Inc. October 2020. Available at: http://www.arraybiopharma.com/documents/Mektovi_Prescribing_information.pdf.