

PRIOR AUTHORIZATION POLICY

POLICY: Oncology – Mektovi Prior Authorization Policy

- Mektovi® (binimetinib tablets – Array BioPharma)

REVIEW DATE: 08/04/2021

OVERVIEW

Mektovi, a kinase inhibitor, is indicated in combination with Braftovi® (encorafenib capsules) for treatment of adults with unresectable or metastatic **melanoma** with a *BRAF V600E* or *V600K* mutation as detected by an FDA-approved test.¹

Guidelines

Guidelines for cutaneous melanoma (version 2.2021 – February 19, 2021) recommend BRAF/MEK inhibitor combinations among the preferred therapies for first-line and subsequent treatment of metastatic or unresectable melanoma with a *V600* activating mutation.² While combination BRAF/MEK inhibition is preferred, if a combination is contraindicated, monotherapy with a BRAF inhibitor is a recommended option. Tafinlar® (dabrafenib capsules) + Mekinist® (trametinib tablets) is also recommended in guidelines as adjuvant therapy (including for nodal recurrence) in some patients with Stage III disease, including use post-surgery or use after complete lymph node dissection. If unacceptable toxicity to Tafinlar/Mekinist, other BRAF/MEK combinations can be considered.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Mektovi. All approvals are provided the duration noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Mektovi is recommended in those who meet the following criteria:

FDA-Approved Indications

1. **Melanoma.** Approve for 3 years if the patient meets the following (A, B, C, and D):
 - A) Patient is ≥ 18 years of age; AND
 - B) Patient has unresectable, advanced, or metastatic melanoma; AND
 - C) Patient has *BRAF V600* mutation-positive disease; AND
 - D) The medication will be used in combination with Braftovi (encorafenib capsules).

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Mektovi is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Mektovi® tablets [prescribing information]. Boulder, CO: Array BioPharma; January 2019.
 2. The NCCN Melanoma Clinical Practice Guidelines in Oncology (Version 2.2021 – February 19, 2021). © 2021 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org/>. Accessed on July 27, 2021.
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