Commercial/Healthcare Exchange Quantity Limit Criteria

Effective: November 7th, 2018

Prior Authorization: Mektovi

Products Affected: Mektovi (binimetinib) oral tablets

Medication Description:
Mektovi (binimetinib) is a reversible inhibitor of mitogen-activated extracellular signal regulated kinase 1 (MEK1) and MEK 2 activity. Binimetinib has inhibited extracellular signal-related kinase (ERK) phosphorylation and viability and MEK-dependent phosphorylation of BRAF- mutant human melanoma cell lines in vitro. In vivo it has also inhibited ERK phosphorylation and tumor growth in BRAF-mutant murine xenograft models.

Mektovi is indicated, in combination with encorafenib, for the treatment of patients with unresectable or metastatic melanoma with a BRAF V600E or V600K mutation, as detected by an FDA-approved test.

Covered Uses: Malignant melanoma, unresectable or metastatic, with a BRAF V600E or V600K mutation, in combination with encorafenib

Exclusion Criteria: Left ventricular ejection fraction < 50%

Required Medical Information:

1. Diagnosis
2. BRAF mutation status
3. Previous therapies tried

Age Restrictions: 18 years of age and older

Prescriber Restrictions: Prescribed by, or in consultation with, an oncologist

Coverage Duration:
Initial: 12 months
Continuation: 3 years

Other Criteria:

Mektovi (binimetinib) will be approved for the following diagnosis when the subsequent criteria are met:

1. Patient is 18 year of age or older; **AND**
2. Patient has a diagnosis of malignant melanoma; **AND**
3. Patient's disease is unresectable or metastatic; **AND**
4. Presence of BRAF V600E or V600K mutation has been confirmed by and FDA approved test; **AND**

5. Mektovi (binimetinib) will be used in combination with Braftovi (encorafenib); **AND**
6. **P**atient has a left ventricular ejection fraction ≥ 50%; **AND**
7. Mektovi (binimetinib) is prescribed by, or in consultation with, an oncologist.

References:

1. Mektovi [package insert]. Boulder, CO; Array BioPharma; June 2018.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	11/7/18
2	Update	Added continuation coverage duration of 3 years	Coverage Duration	7/1/2019