VENTURA COUNTY
HEALTH CARE PLAN

# PRIOR AUTHORIZATION POLICY

**POLICY:** Oncology – Mektovi® (binimetinib tablets – Array BioPharma)

**TAC APPROVAL DATE:** 06/18/2019

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## OVERVIEW

Mektovi, a kinase inhibitor, is indicated in combination with Braftovi™ (encorafenib capsules) for treatment of unresectable or metastatic melanoma with a *BRAF V600E* or *V600K* mutation as detected by an FDA-approved test.[1] Some mutations in the BRAF gene can result in constitutively activated BRAF kinases that may stimulate tumor cell growth. Mektovi is a reversible inhibitor of mitogen-activated protein kinase (MAPK)/MEK1 and MEK2. Some mutations (e.g., V600E) in the BRAF gene can result in constitutively activated BRAF kinases that may stimulate tumor cell growth and lead to activation of the BRAF pathway, including MEK1 and MEK2.

## Disease Overview

Mutations in the BRAF gene are common in several types of cancer.[2] The BRAF protein is normally switched on and off in response to signals that control cell growth and development; however, mutations cause the BRAF protein to be continuously active. This over activity may contribute to the growth of cancers by allowing abnormal cells to grow and divide uncontrollably. The V600E mutation is the most common *BRAF* gene mutation identified in cancers, particularly in melanoma.

## Guidelines

*FDA-Approved Indications*

NCCN guidelines for melanoma (version 2.2019 – March 12, 2019) recommend BRAF + MEK inhibitor combinations (e.g., Zelboraf [vemurafenib tablets] + Cotellic [cobimetinib tablets], Tafinlar [dabrafenib capsules] + Mekinist [trametinib tablets], Braftovi + Mektovi) for first-line (preferred if clinically needed for early response) and subsequent treatment of metastatic or unresectable melanoma with a V600 activating mutation.[3] While combination BRAF/MEK inhibition is preferred, NCCN notes that if contraindicated, monotherapy with a BRAF inhibitor (Tafinlar or Zelboraf) are recommended options, particularly for patients who are not appropriate candidates for checkpoint immunotherapy. Tafinlar + Mekinist is also recommended in guidelines as adjuvant therapy (including for nodal recurrance) in some patients with Stage III disease, including use post-surgery or use after complete lymph node dissection.

*Other Uses With Supportive Evidence*

NCCN guidelines for colon cancer (version 2.2019 – May 15, 2019) recommend BRAF/MEK inhibitor combinations for *BRAF-V600E* mutated disease.[4] For primary treatment (following adjuvant chemotherapy) or as subsequent use, Zelboraf + ironotecan + Erbitux (cetuximab IV infusion) or Vectibix (panitumumab IV infusion) is a recommended treatment option. Subsequent use of either Braftovi + Mektovi or Tafinlar + Mekinist are also treatment options recommended in combination with Erbiux or Vectibix.

## 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 ALL of the following (A, B, and C):
   - **A)** The patient has unresectable, advanced, or metastatic melanoma; AND
   - **B)** The patient has *BRAF V600* mutation-positive disease; AND
   - **C)** Mektovi will be used in combination with Braftovi (encorafenib capsules).

### Other Uses with Supportive Evidence

2. **Colon or Rectal Cancer.** Approve for 3 years if the patient meets the following (A, B, and C):
   - **A)** The patient has *BRAF V600E* mutation-positive disease; AND
   - **B)** The patient has previously received a chemotherapy regimen for colon or rectal cancer. NOTE: Examples of chemotherapy regimens include a fluoropyrimidine such as 5-fluorouracil (5-FU), capecitabine; oxaliplatin, irinotecan, or an adjunctive chemotherapy regimen such as FOLFOX (5-FU, leucovorin, and oxaliplatin) or CapeOX (capecitabine and oxaliplatin); AND
   - **C)** The agent is prescribed as part of a combination regimen for colon or rectal cancer. NOTE: examples of combination regimens include: Braftovi (encorafenib capsules)/Mektovi/Erbitux (cetuximab IV infusion), Braftovi/Mektovi /Vectibix (panitumumab IV infusion).

## CONDITIONS NOT RECOMMENDED FOR APPROVAL

Mektovi has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval.)

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. Genetic Home Reference. BRAF gene. National Institutes of Health, US Department of Health & Human Services Web Site. Reviewed August 2018. Accessed on June 4, 2019. Available at: https://ghr.nlm.nih.gov/gene/BRAF.
3. The NCCN Melanoma Clinical Practice Guidelines in Oncology (Version 2.2019 – March 12, 2019). © 2019 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on June 4, 2019.
4. The NCCN Colon Cancer Clinical Practice Guidelines in Oncology (Version 2.2019 – May 15, 2019). © 2019 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on June 13, 2019.

## HISTORY

| Type of Revision | Summary of Changes* | TAC Approval Date |
|---|---|---|
| New Policy | -- | 06/27/2018 |
| Annual revision | **Colon or Rectal Cancer:** Add criteria as supported by NCCN colon cancer guidelines. Criteria approve if the patient has *BRAF V600E* mutation-positive disease, and if the patient has previously used chemotherapy, and if the agent will be used as part of a combination regimen for colon or rectal cancer. | 06/18/2019 |

* For a further summary of criteria changes, refer to respective TAC minutes available at: http://esidepartments/sites/Dep043/Committees/TAC/Forms/AllItems.aspx. TAC – Therapeutic Assessment Committee; DEU – Drug Evaluation Unit; NCCN – National Comprehensive Cancer Network; NA – Not applicable; NSCLC – Non-small cell lung cancer.