

Market Applicability						
Market	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X

Mektovi (binimetinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Mektovi (binimetinib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Mektovi (binimetinib) may be approved if the following criteria are met:

- I. Individual has a diagnosis of unresectable or metastatic melanoma; **AND**
 - A. Individual is using in combination with encorafenib; **AND**
 - B. Individual has tested for either BRAF V600E or V600K mutation (or BRAF V600 activating mutation), with results confirmed.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: July 7, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2020 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on July 7, 2020.
 - a. Cutaneous Melanoma. V3.2020. Revised May 18, 2020.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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New Program Date 08/24/2018

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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