

Clinical Policy Title:	encorafenib
Policy Number:	RxA.823
Drug(s) Applied:	Braftovi®
Original Policy Date:	10/10/2024
Last Review Date:	12/05/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Melanoma (must meet all):

1. Diagnosis of Unresectable or metastatic melanoma, with a BRAF V600E or V600K mutation;
2. Prescribed in combination with binimetinib.

Approval Duration

All Lines of Business (except Medicare): 12 months

B. Metastatic colorectal cancer (must meet all):

1. Diagnosis of metastatic colorectal cancer, with BRAF V600E mutation;
2. Prescribed in combination with cetuximab.

Approval Duration

All Lines of Business (except Medicare): 12 months

C. Non-small cell lung cancer (must meet all):

1. Diagnosis of metastatic Non-small cell lung cancer with a BRAF V600E mutation;
2. Prescribed in combination with binimetinib.

Approval Duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. All Indications in Section I (must meet all):

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval Duration

All Lines of Business (except Medicare): 12 months

References

1. Braftovi. Prescribing Information. Boulder, CO. Array BioPharma Inc. September 2024. Available at: <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=235dfc38-0f0b-4037-b501-7a9f4294740c&type=display>. Accessed October 10, 2024.

Review/Revision History	Review/Revision Date	P&T Approval Date
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This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

Policy established.	10/10/2024	12/05/2024
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