Clinical Policy Title:	binimetinib
Policy Number:	RxA.226
Drug(s) Applied:	Mektovi®
Original Policy Date:	03/06/2020
Last Review Date:	06/10/2021
Line of Business Policy Applies to:	All line of business

Background

Binimetinib is a kinase inhibitor 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.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
binimetinib (Mektovi®)	Unresectable or metastatic melanoma with a BRAF V600E or V600K mutation	45 mg PO twice daily, approximately 12 hours apart, in combination with encorafenib. Take Mektovi® with or without food.	90 mg per day

Dosage Forms

- Tablet: 15 mg

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the terms of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

I. Initial Approval Criteria

A. Melanoma (must meet all)**:**

1. Diagnosis of melanoma with BRAF V600E or V600K mutation as:
   a. First-line therapy, in combination with encorafenib, for metastatic or unresectable disease;
   b. Second-line or subsequent therapy, in combination with encorafenib, for disease progression if targeted therapy not previously used;
   c. Adjuvant therapy, in combination with encorafenib, following complete resection of distant metastatic disease or in patients with unacceptable toxicities with dabrafenib/trametinib;
2. Prescribed by or in consultation with an oncologist;
3. Member is 18 years of age or older;
4. Prescribed in combination with encorafenib (Braftovi®);
5. Dose does not exceed 90 mg (6 tablets) per day.

Approval Duration
Commercial: 6 months
Medicaid: 6 months

II. Continued Therapy Approval

A. **Melanoma** (must meet all)**:**

1. Member is currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy.
2. Member is responding positively to therapy (e.g., reduction in size of tumor or sites of metastases);
3. If request is for a dose increase, new dose does not exceed 90 mg (6 tablets) per day.

Approval Duration
Commercial: 12 months
Medicaid: 12 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
BRAF: B-Raf proto-oncogene, serine/threonine kinase
FDA: Food and Drug Administration
LVEF: Left Ventricular Ejection Fraction
PO: By Mouth

APPENDIX B: Therapeutic Alternatives
Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.

Drug Name	Dosing Regimen	Maximum Dose
Keytruda® (pembrolizumab), Opdivo® (nivolumab), Opdivo® (nivolumab) + Yervoy® (ipilimumab), Tafinlar® (dabrafenib) + Mekinist® (trametinib), Zelboraf® (vemuranib) + Cotellic® (cobimetinib)	Varies	Varies

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - None reported.

- Boxed Warning(s):
  - None reported.

APPENDIX D: General Information

- Cardiomyopathy: Assess left ventricular ejection fraction (LVEF) before initiating treatment, after one month of treatment, then every 2 to 3 months thereafter. The safety of binimetinib has not been established in patients with LVEF below 50%.
- Venous Thromboembolism: Deep vein thrombosis and pulmonary embolism can occur.
- Ocular Toxicities: Serous retinopathy, retinal vein occlusion (RVO) and uveitis have occurred. Perform an ophthalmologic evaluation at regular intervals and for any visual disturbances.

- Interstitial Lung Disease (ILD): Assess new or progressive unexplained pulmonary symptoms or findings for possible ILD.
- Hepatotoxicity: Monitor liver function tests before and during treatment and as clinically indicated.
- Rhabdomyolysis: Monitor creatine phosphokinase and creatinine periodically and as clinically indicated.
- Hemorrhage: Major hemorrhagic events can occur.
- Embryo-Fetal Toxicity: Can cause fetal harm. Advise females with reproductive potential of potential risk to the fetus and to use effective contraception.

References

1. Mektovi Prescribing Information. Boulder, CO: Array Bio Pharma Inc; October 2020. Available at: http://labeling.pfizer.com/ShowLabeling.aspx?id=12988 . Accessed April 27, 2021.
2. National Comprehensive Cancer Network. Cutaneous Melanoma Version 2.2021. Available at: https://www.nccn.org/professionals/physician_gls/pdf/cutaneous_melanoma.pdf. Accessed April 27, 2021.
3. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at www.nccn.org. Accessed April 27, 2021.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	02/2020	03/06/2020
Policy was reviewed: 1. Policy title table was updated. 2. Dosing information was updated to accompany updated indications. 3. Continued therapy criteria II.A.1 was rephrased to “Currently receiving medication that has been authorized by RxAdvance…”. 4. Appendix B was updated. 5. References were updated.	07/22/2020	09/14/2020
Policy was reviewed: 1. Policy title table was updated. 2. Dosing information was updated. 3. Clinical policy - Verbiage added: ‘‘The provision of provider samples does not guarantee coverage under the provisions of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage” after “Provider must submit…” 4. Colon cancer, rectal cancer (off-label) were removed from Initial Approval Criteria. 5. Continued therapy criteria II.A.1 was rephrased to “Member is currently receiving medication that has been authorized by RxAdvance…”. 6. Appendix A was updated. 7. References were updated.	04/27/2021	06/10/2021