UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2018 P 1255-1
Program	Prior Authorization/Notification
Medication	Braftovi™ (encorafenib)
P&T Approval Date	8/2018
Effective Date	11/1/2018; Oxford only: 11/1/2018

1. Background:

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

Information on FDA-approved tests for the detection of BRAF V600 mutations in melanoma may be found at: http://www.fda.gov/CompanionDiagnostics.[1]

Coverage Information:

Members will be required to meet the criteria below for coverage. For members under the age of 19 years, the prescription will automatically process without a coverage review.

Some states mandate benefit coverage for off-label use of medications for some diagnoses or under some circumstances. Some states also mandate usage of other Compendium references. Where such mandates apply, they supersede language in the benefit document or in the notification criteria.

2. Coverage Criteria:

A. Patients less than 19 years of age

1. **Braftovi** will be approved based on the following criterion:

   a. Patient is less than 19 years of age

   Authorization will be issued for 12 months.

B. Melanoma

1. **Initial Authorization**

   a. **Braftovi** will be approved based on **all** of the following criteria:

      (1) **One** of the following diagnoses:

(a) Unresectable melanoma

(b) Metastatic melanoma

-AND-

(2) Patient is positive for BRAFV600 mutation

-AND-

(3) Used in combination with Mektovi (binimetinib)

Authorization will be issued for 12 months.

2. <u>Reauthorization</u>

a. **Braftovi** will be approved based on **<u>both</u>** of the following criteria:

(1) Patient does not show evidence of progressive disease while on Braftovi therapy

-AND-

(2) Used in combination with Mektovi (binimetinib)

Authorization will be issued for 12 months.

3. Additional Clinical Rules:

- Supply limits may be in place.

4. References:

1. Braftovi [package insert]. Boulder, CO: Array BioPharma Inc.; June 2018.
2. The NCCN Drugs and Biologics Compendium (NCCN Compendium™). Available at www.nccn.org. Accessed July 10, 2018.

Program	Prior Authorization/Notification - Braftovi (encorafenib)
Change Control	
8/2018	New program