



**STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES**

**BINIMETINIB**

Generic	Brand	HICL	GCN	Exception/Other
BINIMETINIB	MEKTOVI	45040		

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of unresectable or metastatic melanoma and meet **ALL** of the following criteria?

- The patient has BRAF V600E or V600K mutation as detected by an FDA-approved test
- The medication will be used in combination with Braftovi (encorafenib)

If yes, **approve for 12 months by HICL with a quantity limit of #6 tablets per day.**

If no, do not approve.

**DENIAL TEXT:** The guideline named **BINIMETINIB (Mektovi)** requires a diagnosis of unresectable or metastatic melanoma. In addition, the following criteria must be met:

- The patient has BRAF V600E or V600K mutation as detected by an FDA-approved test
- The medication will be used in combination with Braftovi (encorafenib)

**RATIONALE**

To promote appropriate utilization of MEKTOVI based on FDA approved indication and dosing.

**FDA APPROVED INDICATION**

Mektovi is a kinase inhibitor indicated, in combination with Braftovi (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.

**DOSAGE & ADMINISTRATION**

The recommended dosage of Mektovi is 45 mg (three 15 mg tablets) orally taken twice daily, approximately 12 hours apart, in combination with Braftovi (encorafenib) until disease progression or unacceptable toxicity. Refer to the Braftovi (encorafenib) prescribing information for recommended Braftovi (encorafenib) dosing information.

Mektovi may be taken with or without food. Do not take a missed dose of Mektovi within 6 hours of the next dose of Mektovi. Do not take an additional dose if vomiting occurs after Mektovi administration but continue with the next scheduled dose.

**REFERENCES**

- Mektovi [Prescribing Information]. Boulder, CO: Array BioPharma Inc. June 2018.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 10/01/18

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