STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

ENCORAFENIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
ENCORAFENIB	BRAFTOVI	45039		GPI-10 (2153204000)	

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 a BRAF V600E or V600K mutation as detected by an FDA-approved test
   - Braftovi will be used in combination with Mektovi (binimetinib)

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #6 per day.**
   If no, continue to #2.

2. Does the patient have a diagnosis of metastatic colorectal cancer (mCRC) and meet **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - The patient has a BRAF V600E mutation as detected by an FDA-approved test
   - Braftovi will be used in combination with Erbitux (cetuximab)
   - The patient has previously received prior therapy

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #4 per day.**
   If no, do not approve.
   DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **ENCORAFENIB (Braftovi)** requires the following rule(s) be met for approval:
   A. You have ONE of the following diagnoses:
      1. Unresectable or metastatic melanoma (a type of skin cancer that cannot be completely removed with surgery or has spread to other parts of the body)
      2. Metastatic colorectal cancer (a type of digestive cancer that has spread to other parts of the body)
   B. **If you have unresectable or metastatic melanoma, approval also requires:**
      1. You have a BRAF V600E or V600K mutation (types of gene mutations) as detected by an FDA (Food and Drug Administration)-approved test
      2. Braftovi will be used in combination with Mektovi (binimetinib)
   C. **If you have metastatic colorectal cancer, approval also requires:**
      1. You are 18 years of age or older
      2. You have a BRAF V600E mutation (types of gene mutation) as detected by an FDA (Food and Drug Administration)-approved test
      3. Braftovi will be used in combination with Erbitux (cetuximab)
      4. You have previously received treatment

   (Denial text continued on next page)

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ENCORAFENIB

GUIDELINES FOR USE (CONTINUED)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Braftovi.

REFERENCES

- Braftovi [Prescribing Information]. Boulder, CO: Array BioPharma Inc.; February 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 04/01/22

Created: 08/18
Client Approval: 03/22

P&T Approval: 04/20