

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Cotellic (cobimetinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Cotellic (cobimetinib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Cotellic (cobimetinib) may be approved if the following criteria are met:

- I. Individual has a diagnosis of unresectable or metastatic melanoma; **AND**
- II. Individual has BRAF V600E or V600K mutation and results are confirmed; **AND**
- III. Individual is given Cotellic (cobimetinib) in combination with Zelboraf (vemurafenib);

OR

- IV. Individual has a diagnosis of Central Nervous system cancer; **AND**
- V. Individual has recurrent brain metastases (limited or extensive) if active against the primary tumor (melanoma) (NCCN 2A); **AND**
- VI. Individual is using in combination with vemurafenib (NCCN 2A).

State Specific Mandates		
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: 4/2018.

DrugPoints® System [Internet Database]. Greenwood Village, CO: Thomson Reuters (Healthcare) Inc. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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