

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

## Mekinist (trametinib)

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

Medications	Quantity Limit
Mekinist (trametinib)	May be subject to quantity limit

### APPROVAL CRITERIA

Requests for Mekinist (trametinib) may be approved if the following criteria are met:

- I. Individual has a diagnosis of unresectable or metastatic malignant melanoma; **AND**
- II. Individual is using as monotherapy or in combination with dabrafenib; **AND**
- III. Individual has either BRAF V600E or V600K mutation and results are confirmed;

**OR**

- IV. Individual has a diagnosis of melanoma with BRAF V600E or V600K mutations and results are confirmed; **AND**
- V. Individual is using in combination with dabrafenib; **AND**
- VI. Individual is using as adjuvant treatment; **AND**
- VII. Individual has disease involvement of lymph node(s), following complete resection;

**OR**

- VIII. Individual has a diagnosis of metastatic Non-Small Cell Lung Cancer (NSCLC); **AND**
- IX. Individual is using in combination with dabrafenib; **AND**
- X. Individual has BRAF V600E mutation and results are confirmed;

**OR**

- XI. Individual has a diagnosis of Central Nervous System Cancers, for brain metastases, if active against the primary tumor; **AND**
- XII. Individual is using in combination with dabrafenib (NCCN 2A);

**OR**

- XIII. Individual has a diagnosis of locally advanced or metastatic anaplastic thyroid cancer (ATC); **AND**
- XIV. Individual has BRAF V600E mutation and results are confirmed; **AND**

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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XV. Individual has no satisfactory locoregional treatment options; **AND**

XVI. Individual is using in combination with dabrafenib;

**OR**

XVII. Individual has a diagnosis of metastatic or unresectable Uveal Melanoma (NCCN 2A).

**Note:** Mekinist is not indicated for treatment of individuals with melanoma who have progressed on prior BRAF-inhibitor therapy.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
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.

The NCCN Drugs & Biologics Compendium (NCCN Compendium™) © 2018 National Comprehensive Cancer Network, Inc. Available at: NCCN.org. Updated periodically.

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