Reference number(s)
2616-A

Specialty Guideline Management
Braftovi

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Braftovi	encorafenib

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met, and the member has no exclusions to the prescribed therapy.

FDA-approved Indications[1]

- Braftovi is indicated, in combination with 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.
- Braftovi is indicated, in combination with cetuximab, for the treatment of adult patients with metastatic colorectal cancer (CRC) with a BRAF V600E mutation, as detected by an FDA-approved test, after prior therapy.
- Braftovi is indicated, in combination with binimetinib, for the treatment of adult patients with metastatic non-small cell lunch cancer (NSCLC) with a BRAF V600E mutation, as detected by an FDA-approved test.

Limitations of Use

Braftovi is not indicated for treatment of patients with wild-type BRAF melanoma, wild-type BRAF CRC, or wild-type BRAF NSCLC.

Compendial Uses[2-6]

- Glioma, BRAF V600 activating mutation-positive
- Meningioma, BRAF V600 activating mutation-positive
- Astrocytoma, BRAF V600 activating mutation-positive
- Colorectal cancer, advanced disease
- Colorectal cancer, unresectable metachronous metastases
- Cutaneous melanoma

All other indications are considered experimental/investigational and not medically necessary.

Documentation

Submission of BRAF mutation documentation is necessary to initiate the prior authorization review.

Coverage Criteria

Cutaneous Melanoma[1,2]

Authorization of 12 months may be granted for treatment of cutaneous melanoma with a BRAF V600 mutation positive (e.g., V600E or V600K mutations) cutaneous melanoma in any of the following settings:

- Unresectable or metastatic disease when used either:
  - in combination with binimetinib (Mektovi), or
  - as a single agent, if BRAF/MEK inhibitor combination therapy is contraindicated
- Neoadjuvant therapy in combination with binimetinib (Mektovi) if immunotherapy is contraindicated when the member has had an unacceptable toxicity to dabrafenib (Tafinlar) in combination with trametinib (Mekinist) or dabrafenib/trametinib are less desirable based on side-effect profiles.
- Adjuvant treatment of resected stage III disease in combination with binimetinib (Mektovi) when the member has had an unacceptable toxicity to dabrafenib (Tafinlar) in combination with trametinib (Mekinist) or dabrafenib/trametinib are less desirable based on side-effect profiles.
- Limited resectable local satellite/in-transit recurrent disease in combination with binimetinib (Mektovi) when the member has had an unacceptable toxicity to dabrafenib (Tafinlar) in combination with trametinib (Mekinist) or dabrafenib/trametinib are less desirable based on side-effect profiles.

Central Nervous System Cancer[3-6]

Authorization of 12 months may be granted for treatment of BRAF V600 mutation-positive (e.g., BRAF V600E or V600K) gliomas, meningiomas, or astrocytomas.

Colorectal Cancer[1,2,7,8]

Authorization of 12 months may be granted for treatment of colorectal cancer (including appendiceal adenocarcinoma and anal adenocarcinoma) when the following criteria are met:

- Braftovi is used in combination with either cetuximab (Erbitux) or panitumumab (Vectibix).
- Tumor is positive for BRAF V600E mutation.
- Either of the following:
  - Will be used as subsequent therapy for advanced or metastatic disease
  - Will be used as primary treatment for unresectable metachronous metastases and the member has received FOLFOX (fluorouracil, leucovorin, and oxaliplatin) or CapeOX (capecitabine and oxaliplatin) within the past 12 months

Non-Small Cell Lung Cancer (NSCLC)[1,2]

Authorization of 12 months may be granted for treatment of BRAF V600E mutation-positive recurrent, advanced, or metastatic NSCLC in combination with binimetinib (Mektovi) when the member has not experienced disease progression on BRAF-targeted therapy.

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Braftovi [package insert]. Boulder, CO: Array BioPharma, Inc.; September 2024.
2. The NCCN Drugs & Biologics Compendium® © 2024 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed November 15, 2024.
3. Usubalieva A, Pierson CR, Kavran CA, et al. Primary Meningeal Pleomorphic Xanthoastrocytoma With Anaplastic Features: A Report of 2 Cases, One With *BRAFV600E* Mutation and Clinical Response to the BRAF Inhibitor Dabrafenib. *Journal of neuropathology and experimental neurology*. 2015;74(10):960-969. doi:10.1097/NEN.0000000000000240.

4. Mordechai O, Postovsky S, Vlodavsky E, et al. Metastatic Rhabdoid Meningioma with BRAF V600E Mutation and Good Response to Personalized Therapy: Case Report and Review of the Literature. Pediatric Hematology and Oncology. 2015; 32:3, 207-211, DOI: 10.3109/08880018.2014.936058
5. Lassaletta, A, Guerreiro Stucklin, A, Ramaswamy, V, et al. Profound clinical and radiological response to BRAF inhibition in a 2-month-old diencephalic child with hypothalamic/chiasmatic glioma. Pediatric Blood and Cancer. 2016; 63: 2038-2041. doi:10.1002/pbc.26086.
6. Meletah SK, Pavlick D, Brennan T, et al. Personalized Treatment for a Patient with a BRAF V600E Mutation using Dabrafenib and a Tumor Treatment Fields Device in a High-Grade Glioma Arising from Ganglioglioma. *Journal of the National Comprehensive Cancer Network*. 2016; 14(11): 1345-1350.
7. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Anal Carcinoma. Version 1.2024. Accessed November 15, 2024. https://www.nccn.org/professionals/physician_gls/pdf/anal.pdf.
8. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Colon Cancer. Version 5.2024. Accessed November 15, 2024. https://www.nccn.org/professionals/physician_gls/pdf/colon.pdf