BlueCross BlueShield Federal Employee Program

BRAFTOVI
(encorafenib)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Unresectable or metastatic melanoma
    a. Used in combination with Mektovi (binimetinib)
    b. Documented BRAF V600E or BRAF V600K mutation as detected by an FDA-approved test
    c. Patient must **NOT** have wild-type BRAF melanoma
2. Metastatic colorectal cancer (CRC)
    a. Used in combination with Erbitux (cetuximab)
    b. Documented BRAF V600E mutation as detected by an FDA-approved test
    c. Patient must **NOT** have wild-type BRAF CRC
    d. **AND ONE** of the following:
        i. Used in combination with mFOLFOX6
        ii. **NOT** used as first-line therapy
3. Metastatic non-small cell lung cancer (NSCLC)
    a. Used in combination with Mektovi (binimetinib)
    b. Documented BRAF V600E mutation as detected by an FDA-approved test
    c. Patient must **NOT** have wild-type BRAF NSCLC

AND ALL of the following for **ALL** indications:

1. Physician agrees to perform dermatologic evaluations every 2 months while on therapy and up to 6 months following discontinuation of therapy
2. Prescriber agrees to monitor for the following:
    a. Tumor promotion in BRAF Wild-Type Tumors
    b. Hemorrhage
    c. Uveitis
    d. QT prolongation
    e. Embryo-fetal toxicity

BlueCross BlueShield Federal Employee Program

BRAFTOVI
(encorafenib)

Prior - Approval Limits

Quantity 540 capsules per 90 days

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Unresectable or metastatic melanoma
    a. Used in combination with Mektovi (binimetinib)
2. Metastatic colorectal cancer (CRC)
    a. Used in combination with Erbitux (cetuximab)
3. Metastatic non-small cell lung cancer (NSCLC)
    a. Used in combination with Mektovi (binimetinib)

AND ALL of the following for **ALL** indications:

1. Physician agrees to perform dermatologic evaluations every 2 months while on therapy and up to 6 months following discontinuation of therapy
2. **NO** disease progression or unacceptable toxicity
3. Prescriber agrees to monitor for the following:
    a. Tumor promotion in BRAF Wild-Type Tumors
    b. Hemorrhage
    c. Uveitis
    d. QT prolongation
    e. Embryo-fetal toxicity

Prior - Approval *Renewal* Limits

Same as above