



## **Pre - PA Allowance**

None

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## **Prior-Approval Requirements**

**Age** 18 years of age and older

### **Diagnoses**

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

1. Unresectable or metastatic melanoma
  - a. Must be used in combination with vemurafenib (Zelboraf)
  - b. Documented BRAF V600E or V600K mutation as detected by an FDA-approved test
2. Histiocytic neoplasms (Erdheim-Chester disease, Langerhans Cell histiocytosis, Rosai-Dorfman disease, Xanthogranuloma, etc.)
  - a. Used as a single agent

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

1. Left ventricular ejection fraction (LVEF) > 50%

## **Prior - Approval Limits**

**Quantity** 189 tablets per 84 days

**Duration** 12 months

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## **Prior – Approval *Renewal* Requirements**

**Age** 18 years of age and older

### **Diagnoses**

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

1. Unresectable or metastatic melanoma
  - a. Must be used in combination with vemurafenib (Zelboraf)
2. Histiocytic neoplasms (Erdheim-Chester disease, Langerhans Cell histiocytosis, Rosai-Dorfman disease, Xanthogranuloma, etc.)



**BlueCross.  
BlueShield.**

Federal Employee Program.

**COTELLIC  
(cobimetinib)**

- a. Used as a single agent

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

1. **NO** disease progression or unacceptable toxicity
2. Left ventricular ejection fraction (LVEF) > 50%

**Prior – Approval *Renewal* Limits**

Same as above