BlueCross BlueShield
Federal Employee Program

GOMEKLI
(mirdametinib)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 2 years of age or older

Diagnosis

Patient must have the following:

Neurofibromatosis Type 1 (NF1)

AND ALL of the following**:**

a. Patient is symptomatic
b. Patient has plexiform neurofibromas (PN) that are not amenable to complete resection
c. Baseline ophthalmic assessment has been done and prescriber agrees to monitor for ocular toxicities
d. Baseline left ventricular ejection fraction (LVEF) has been assessed and prescriber agrees to monitor LVEF
e. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Gomekli and for 6 weeks after the last dose
f. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Gomekli and for 3 months after the last dose

Prior - Approval Limits

Quantity 8 mg per day (for first 21 days of 28 day cycle)

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 2 years of age or older

Diagnosis

BlueCross BlueShield
Federal Employee Program

GOMEKLI
(mirdametinib)

Patient must have the following:

Neurofibromatosis Type 1 (NF1)

AND ALL of the following:

a. **NO** disease progression or unacceptable toxicity
b. Prescriber agrees to monitor for ocular toxicities
c. Prescriber agrees to monitor left ventricular ejection fraction (LVEF)
d. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Gomekli and for 6 weeks after the last dose
e. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Gomekli and for 3 months after the last dose

Prior - Approval *Renewal* Limits

Same as above