BlueCross BlueShield
Federal Employee Program

MEKINIST
(trametinib)

Pre - PA Allowance

None

Prior-Approval Requirements

Diagnoses

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

1. Unresectable or metastatic melanoma
    a. 18 years of age or older
    b. Patient has **ONE** of the following:
        i. Used as a single agent with documented BRAF V600E or BRAF V600K mutations as detected by an FDA-approved test
        ii. Used in combination with dabrafenib (Tafinlar) with documented BRAF V600E or BRAF V600K mutation as detected by an FDA-approved test

2. Resectable melanoma
    a. 18 years of age or older
    b. Used in combination with dabrafenib (Tafinlar) with documented BRAF V600E or BRAF V600K mutation as detected by an FDA-approved test
    c. Melanoma has lymph node involvement
    d. Used as adjuvant treatment after complete resection

3. Metastatic non-small cell lung cancer (NSCLC)
    a. 18 years of age or older
    b. Used in combination with dabrafenib (Tafinlar) with documented BRAF V600E mutation as detected by an FDA-approved test

4. Locally advanced or metastatic anaplastic thyroid cancer (ATC)
    a. 18 years of age or older
    b. Used in combination with dabrafenib (Tafinlar) with documented BRAF V600E mutation
    c. **NO** satisfactory locoregional treatment options

5. Unresectable or metastatic solid tumors
    a. 1 year of age or older

b. Used in combination with dabrafenib (Tafinlar) with documented BRAF V600E mutation
c. Patient has progressed following prior treatment
d. **NO** satisfactory alternative treatment options

6. Low-grade glioma (LGG)
    a. 1 year of age or older
    b. Used in combination with dabrafenib (Tafinlar) with documented BRAF V600E mutation
    c. Patient requires systemic therapy

7. Low-grade serous ovarian cancer
    a. 18 years of age or older
    b. Used as a single agent for persistent or recurrent disease

AND the following for **ALL** indications:

a. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Mekinist and for 4 months after the last dose

Prior - Approval Limits

Quantity

Strength	Quantity
0.5 mg	2 mg per day
2 mg	
0.05 mg/mL oral solution	

Duration 12 months

Prior – Approval *Renewal* Requirements

No renewal for resectable melanoma diagnosis

Diagnoses

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

1. Unresectable or metastatic melanoma
    a. 18 years of age or older
    b. Used as a single agent **OR** used in combination with dabrafenib (Tafinlar)

MEKINIST
(trametinib)

2. Metastatic non-small cell lung cancer (NSCLC)
    a. 18 years of age or older
    b. Used in combination with dabrafenib (Tafinlar)

3. Locally advanced or metastatic anaplastic thyroid cancer (ATC)
    a. 18 years of age or older
    b. Used in combination with dabrafenib (Tafinlar)

4. Unresectable or metastatic solid tumors
    a. 1 year of age or older
    b. Used in combination with dabrafenib (Tafinlar)

5. Low-grade glioma (LGG)
    a. 1 year of age or older
    b. Used in combination with dabrafenib (Tafinlar)

6. Low-grade serous ovarian cancer
    a. 18 years of age or older
    b. Used as a single agent for persistent or recurrent disease

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

a. **NO** disease progression or unacceptable toxicity
b. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Mekinist and for 4 months after the last dose

Prior – Approval *Renewal* Limits

Same as above
No renewal for resectable melanoma diagnosis