BlueCross BlueShield Federal Employee Program

MEKTOVI
(binimetinib)

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 Braftovi (encorafenib) with documented BRAF V600E or BRAF V600K mutation as detected by an FDA-approved test
2. Metastatic non-small cell lung cancer (NSCLC)
    a. Used in combination with Braftovi (encorafenib) with documented BRAF V600E mutation as detected by an FDA-approved test

AND the following for **ALL** indications:

1. Prescriber agrees to monitor for the following:
    a. Cardiomyopathy
    b. Venous thromboembolism
    c. Ocular toxicities
    d. Interstitial lung disease (ILD)
    e. Hepatotoxicity
    f. Rhabdomyolysis
    g. Hemorrhage
    h. Embryo-fetal toxicity

Prior - Approval Limits

Quantity

Strength	Quantity Limit
15 mg tablets	540 tablets per 90 days

Duration 12 months

Prior – Approval *Renewal* Requirements

BlueCross BlueShield Federal Employee Program

MEKTOVI
(binimetinib)

Age 18 years of age or older

Diagnoses

Patient must have **ONE** the following:

1. Unresectable or metastatic melanoma
    a. Used in combination with Braftovi (encorafenib) with documented BRAF V600E or BRAF V600K mutation as detected by an FDA-approved test
2. Metastatic non-small cell lung cancer (NSCLC)
    a. Used in combination with Braftovi (encorafenib) with documented BRAF V600E mutation as detected by an FDA-approved test

AND the following for **ALL** indications:

1. **NO** disease progression or unacceptable toxicity
2. Prescriber agrees to monitor for the following:
    a. Cardiomyopathy
    b. Venous thromboembolism
    c. Ocular toxicities
    d. Interstitial lung disease (ILD)
    e. Hepatotoxicity
    f. Rhabdomyolysis
    g. Hemorrhage
    h. Embryo-fetal toxicity

Prior - Approval *Renewal* Limits

Same as above