# GEORGIA MEDICAID FEE-FOR-SERVICE MELANOMA AGENTS PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
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</thead>
<tbody>
<tr>
<td>Braftovi (encorafenib)</td>
<td>N/A</td>
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<tr>
<td>Cotellic (cobimetinib)</td>
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<tr>
<td>Mekinist (trametinib)</td>
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<td>Mektovi (binimetinib)</td>
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<tr>
<td>Sylatron (peginterferon alfa-2b)</td>
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<tr>
<td>Tafinlar (dabrafenib)</td>
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<tr>
<td>Zelboraf (vemurafenib)</td>
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**LENGTH OF AUTHORIZATION:** 1 year

**NOTE:** Special consideration taken for members with stage IV advanced metastatic cancer.

**PA CRITERIA:**

**Braftovi**

- Approvable for members with a diagnosis of unresectable or metastatic melanoma with a BRAF V600 mutation (non-wild-type) as detected by an FDA-approved test, such as the THxID BRAF companion test, or other validated test performed in a CLIA-approved facility and must be used in combination with binimetinib (Mektovi).

**Cotellic**

- Approvable for members with a diagnosis of unresectable or metastatic melanoma with a BRAF V600 mutation as detected by an FDA-approved test, such as the THxID BRAF companion test, or other validated test performed in a Clinical Laboratory Improvement Amendments (CLIA)-approved facility and must be used in combination with vemurafenib (Zelboraf).

**Mekinist**

- Approvable for members with a diagnosis of unresectable or metastatic melanoma with a BRAF V600 mutation as detected by an FDA-approved test, such as the THxID BRAF companion test, or other validated test performed in a CLIA-approved facility and must be used in combination with dabrafenib (Tafinlar) unless the member has an allergy, contraindication, drug-drug interaction or intolerable side effect to dabrafenib.

- Approvable for members with a diagnosis of melanoma with lymph node involvement following complete resection and with a BRAF V600 mutation as detected by an FDA-approved test, such as the THxID BRAF companion test, or other validated test performed in a CLIA-approved facility and must be used in combination with dabrafenib (Tafinlar).

Revised 10/7/2018
- Approvable for members with a diagnosis of metastatic non-small cell lung cancer (NSCLC) or locally advanced or metastatic anaplastic thyroid cancer (ATC) with a BRAF V600E mutation as detected by an FDA-approved test, such as the THxID BRAF companion test, or other validated test performed in a CLIA-approved facility and must be used in combination with dabrafenib (Tafinlar).

**Mektovi**

- Approvable for members with a diagnosis of unresectable or metastatic melanoma with a BRAF V600 mutation as detected by an FDA-approved test, such as the THxID BRAF companion test, or other validated test performed in a CLIA-approved facility and must be used in combination with encorafenib (Braftovi).

**Sylatron**

- Approvable for members with a diagnosis of melanoma with microscopic or gross nodal involvement (Stage III melanoma) when prescribed within 84 days of definitive surgical resection, including complete lymphadenectomy.

**Tafinlar**

- Approvable for members with a diagnosis of unresectable or metastatic melanoma with a BRAF V600 mutation (non-wild-type) as detected by an FDA-approved test, such as the THxID BRAF companion test, or other validated test performed in a CLIA-approved facility, and must be used in combination with trametinib (Mekinist) unless the member has an allergy, contraindication, drug-drug interaction or intolerable side effect to trametinib.

- Approvable for members with a diagnosis of melanoma with lymph node involvement following complete resection and with a BRAF V600 mutation as detected by an FDA-approved test, such as the THxID BRAF companion test, or other validated test performed in a CLIA-approved facility and must be used in combination with trametinib (Mekinist).

- Approvable for members with a diagnosis of metastatic non-small cell lung cancer (NSCLC) or locally advanced or metastatic anaplastic thyroid cancer (ATC) with a BRAF V600E mutation as detected by an FDA-approved test, such as the THxID BRAF companion test, or other validated test performed in a CLIA-approved facility and must be used in combination with trametinib (Mekinist).

**Zelboraf**

- Approvable for members with a diagnosis of unresectable or metastatic melanoma with a BRAF V600 mutation (non-wild-type) as detected by an FDA-approved test, such as the Cobas 4800 BRAF V600 mutation test, or other validated test performed in a CLIA-approved facility.

- Approvable for members with a diagnosis of Erdheim-Chester disease with a BRAF V600 mutation as detected by an FDA-approved test, such as the Cobas 4800 BRAF V600 mutation test, or other validated test performed in a CLIA-approved facility.
EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling OptumRx at 1-866-525-5827.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to http://dch.georgia.gov/preferred-drug-lists.

PA and APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.