GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GEORGIA MEDICAID FEE-FOR-SERVICE
MELANOMA AGENTS PA SUMMARY

Preferred	Non-Preferred
Braftovi (encorafenib) Cotellic (cobimetinib) Mekinist (trametinib) Mektovi (binimetinib) Sylatron (peginterferon alfa-2b) Tafinlar (dabrafenib) Zelboraf (vemurafenib)	N/A

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).

- 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.