



**GEORGIA MEDICAID FEE-FOR-SERVICE  
ONCOLOGY, ORAL - SKIN PA SUMMARY**

<b>Preferred</b>	<b>Non-Preferred</b>
Braftovi (encorafenib) Cotellic (cobimetinib) Erivedge (vismodegib) Mekinist (trametinib) Mektovi (binimetinib) Odomzo (sonidegib) 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 when used in combination with binimetinib (Mektovi).
- ❖ Approvable for members with a diagnosis of advanced or metastatic colorectal cancer (CRC) with a BRAF V600 mutation (non-wild-type) who have received prior therapy and when used in combination with cetuximab (Erbix) or panitumumab (Vectibix).

*Cotellic*

- ❖ Approvable for members with a diagnosis of unresectable or metastatic melanoma with a BRAF V600 mutation when used in combination with vemurafenib (Zelboraf).

*Erivedge*

- ❖ Approvable for members with a diagnosis of metastatic basal cell carcinoma.
- ❖ Approvable for members with a diagnosis of locally advanced basal cell carcinoma that has recurred following surgery or radiation or in members who are not candidates for surgery or radiation.

*Mekinist*

- ❖ Approvable for members with a diagnosis of unresectable or metastatic melanoma with a BRAF V600 mutation when 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 when 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 when used in combination with dabrafenib (Tafinlar).

*Mektovi*

- ❖ Approvable for members with a diagnosis of unresectable or metastatic melanoma with a BRAF V600 mutation when used in combination with encorafenib (Braftovi).

*Odomzo*

- ❖ Approvable for members with a diagnosis of locally advanced basal cell carcinoma that has recurred following surgery or radiation or in members who are not candidates for surgery or radiation.

*Tafinlar*

- ❖ Approvable for members with a diagnosis of unresectable or metastatic melanoma with a BRAF V600 mutation (non-wild-type) when 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 when 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 when 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).
- ❖ Approvable for members with a diagnosis of Erdheim-Chester disease with a BRAF V600 mutation.

**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](http://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](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.