Clinical Policy: Encorafenib (Braftovi)

Reference Number: ERX.SPA.247
Effective Date: 09.01.18
Last Review Date: 05.20
Line of Business: Commercial, Medicaid

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Encorafenib (Braftovi™) is a kinase inhibitor.

FDA Approved Indication(s)
Braftovi is indicated:

- In combination with binimetinib, for the treatment of patients with unresectable or metastatic melanoma with a BRAF V600E or V600K mutation, as detected by an FDA-approved test
- In combination with cetuximab, for the treatment of adult patients with metastatic colorectal cancer (CRC) with a BRAF V600E mutation, as detected by an FDA-approved test, after prior therapy

Limitation(s) of use: Braftovi is not indicated for treatment of patients with wild-type BRAF melanoma.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that Braftovi is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Melanoma (must meet all)**:**

1. Diagnosis of melanoma with BRAF V600E or V600K mutation;
2. Disease is unresectable or metastatic;
3. Prescribed by or in consultation with an oncologist;
4. Age ≥ 18 years;
5. Prescribed in combination with Mektovi®;
6. Request meets one of the following (a or b):*
   a. Dose does not exceed 450 mg (6 capsules) per day.
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence)*.

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration:
Medicaid – 6 months
Commercial – Length of Benefit

B. Colon Cancer, Rectal Cancer (must meet all)**:**

1. Diagnosis of colon cancer or rectal cancer with BRAF V600E mutation;
2. Disease is unresectable, advanced, or metastatic;
3. Prescribed by or in consultation with an oncologist;
4. Age ≥ 18 years;
5. Prescribed in combination with either Erbitux® or Vectibix®;
6. One of the following (a or b):
   a. Member previously received adjuvant therapy (e.g., FOLFOX, CapeOX);

b. Request is for subsequent therapy following previous treatment (e.g., oxaliplatin or irinotecan based therapy);

7. Request meets one of the following (a or b):*
   a. Dose does not exceed 300 mg (4 capsules) per day;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence)*.

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration:
Medicaid – 6 months
Commercial – Length of Benefit

C. Other diagnoses/indications

1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. All Indications in Section I (must meet all)**:**

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions, or documentation supports that member is currently receiving Braftovi for a covered indication and has received this medication for at least 30 days;
2. Member is responding positively to therapy;
3. If request is for a dose increase, request meets one of the following (a, b, or c):*
   a. Melanoma: New dose does not exceed 450 mg (6 capsules) per day;
   b. Colon or rectal cancer: New dose does not exceed 300 mg (4 capsules) per day;
   c. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (prescriber must submit supporting evidence).

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration:
Medicaid – 12 months
Commercial – Length of Benefit

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.
   Approval duration: Duration of request or 6 months (whichever is less); or
2. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – ERX.PA.01 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
BRAF: B-Raf proto-oncogene, serine/threonine kinase
FDA: Food and Drug Administration

Appendix B: Therapeutic Alternatives
This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
FOLFOX (fluorouracil, leucovorin, and oxaliplatin); CapeOX (capecitabine and oxaliplatin); FOLFIRI (irinotecan, leucovorin, 5-FU); FOLFOXIRI (irinotecan,	Colorectal cancer: Varies	Varies

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
oxaliplatin, leucovorin, fluorouracil); IROX (oxaliplatin, irinotecan); oxaliplatin and irinotecan		

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings
None reported

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Melanoma	450 mg PO QD in combination with Mektovi until disease progression or unacceptable toxicity	450 mg per day
Colon cancer, rectal cancer	300 mg PO QD with either Erbitux or Vectibix	300 mg per day

VI. Product Availability
Capsules: 75 mg

VII. References
1. Braftovi Prescribing Information. Boulder, CO: Array BioPharma Inc.; April 2020. Available at: https://www.braftovimektovi.com/. Accessed April 23, 2020.
2. National Comprehensive Cancer Network. Cutaneous Melanoma Version 1.2020. Available at: https://www.nccn.org/professionals/physician_gls/pdf/cutaneous_melanoma.pdf. Accessed February 6, 2020.
3. National Comprehensive Cancer Network. Colon Cancer Version 2.2020. Available at: https://www.nccn.org/professionals/physician_gls/pdf/colon.pdf. Accessed April 23, 2020.
4. National Comprehensive Cancer Network. Rectal Cancer Version 2.2020. Available at: https://www.nccn.org/professionals/physician_gls/pdf/rectal.pdf. Accessed April 23, 2020.
5. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at www.nccn.org. Accessed April 23, 2020.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created	07.24.18	08.18
2Q 2019 annual review: no significant changes; references reviewed and updated.	02.26.19	05.19
2Q 2020 annual review: added Medicaid line of business with 6/12 month initial/continued authorization duration; RT4: added newly FDA-approved and NCCN compendium supported off-label use in colon and rectal cancers in combination with either Erbitux or Vectibix; added maximum quantity for all indications; references reviewed and updated.	02.06.20	05.20

Important Reminder
This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional

medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.