

5.21.111

Section:	Prescription Drugs	Effective Date:	July 1, 2026
Subsection:	Antineoplastic Agents	Original Policy Date:	July 13, 2018
Subject:	Mektovi	Page:	1 of 5

Last Review Date: June 11, 2026

Mektovi

Description

Mektovi (binimetinib)

Background

Mektovi (binimetinib) is a kinase inhibitor indicated, in combination with encorafenib, for the treatment of patients with unresectable or metastatic melanoma or metastatic non-small cell lung cancer (NSCLC). Mektovi works upstream in the RAS/RAF/MEK/ERK pathway by reversibly inhibiting mitogen-activated extracellular signal regulated kinase 1 (MEK1) and MEK2 activity. MEK proteins can phosphorylate BRAF-mutant human melanoma cell lines, which activates tumor growth. By inhibiting MEK proteins, Mektovi can inhibit the activation of BRAF-mutant human melanoma cell lines, decreasing tumor growth (1).

Mektovi (binimetinib) is to be used in combination with Braftovi (encorafenib). Mektovi and Braftovi target two different kinases in the RAS/RAF/MEK/ERK pathway. Co-administration results in greater anti-proliferative activity in vitro in BRAF mutation-positive cell lines and greater anti-tumor activity with respect to tumor growth inhibition in BRAF V600E mutant human melanoma (1).

Regulatory Status

FDA-approved indications: Mektovi is a kinase inhibitor indicated (1):

- In combination with encorafenib, for the treatment of patients with unresectable or metastatic melanoma with a BRAF V600E or V600K mutation, as detected by an FDA-approved test.

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- In combination with encorafenib, for the treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) with a BRAF V600E mutation, as detected by an FDA-approved test.

Confirm the presence of a BRAF V600E or V600K mutation in tumor specimens prior to initiating Mektovi. Patients should be monitored for the development of new malignancies, cardiomyopathy, venous thromboembolism, ocular toxicities, interstitial lung disease, hepatotoxicity, rhabdomyolysis, embryo-fetal toxicity, and hemorrhagic events throughout therapy. Prescribers must monitor for these adverse events and adjust the dosage, interrupt, or discontinue therapy as indicated (1).

Lastly, Mektovi can cause fetal harm when administered to pregnant women. Females of reproductive potential should be counseled to use effective contraception during treatment with Mektovi and for at least 30 days after the final dose (1).

Safety and effectiveness of Mektovi in pediatric patients have not been established (1).

Related policies

Braftovi, Cotellic, Mekinist, Tafinlar, Zelboraf

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Mektovi may be considered **medically necessary** if the conditions indicated below are met.

Mektovi may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Unresectable or metastatic melanoma

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- 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 *Renewal* Requirements

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:

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- a. Cardiomyopathy
- b. Venous thromboembolism
- c. Ocular toxicities
- d. Interstitial lung disease (ILD)
- e. Hepatotoxicity
- f. Rhabdomyolysis
- g. Hemorrhage
- h. Embryo-fetal toxicity

Policy Guidelines

Pre – PA Allowance

None

Prior – Approval Limits

Quantity

Strength	Quantity Limit
15 mg tablets	540 tablets per 90 days

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Mektovi (binimetinib) is a kinase inhibitor indicated, in combination with encorafenib, for the treatment of patients with unresectable or metastatic melanoma or metastatic NSCLC. Confirm the presence of a BRAF V600E or V600K mutation in tumor specimens prior to initiating Mektovi. Patients should be monitored for the development of new malignancies, cardiomyopathy, venous thromboembolism, ocular toxicities, interstitial lung disease, hepatotoxicity, rhabdomyolysis, embryo-fetal toxicity, and hemorrhagic events throughout therapy. Prescribers must monitor for these adverse events and adjust the dosage, interrupt, or discontinue therapy as indicated (1).

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Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Mektovi while maintaining optimal therapeutic outcomes.

References

- 1. Mektovi [package insert]. Boulder, CO: Array BioPharma Inc.; March 2025.
- 2. NCCN Drugs & Biologics Compendium® Binimetinib 2026. National Comprehensive Cancer Network, Inc. Accessed on April 21, 2026.

Policy History

Date	Action
July 2018	Addition to PA
September 2018	Annual review Addition of prescriber agreement to monitor for cardiomyopathy, venous thromboembolism, ocular toxicities, interstitial lung disease (ILD), hepatotoxicity, rhabdomyolysis, hemorrhage, embryo-fetal toxicity per SME
June 2019	Annual review and reference update
June 2020	Annual review
June 2021	Annual review and reference update
June 2022	Annual review and reference update
June 2023	Annual review and reference update
November 2023	Per PI update, added indication of NSCLC
December 2023	Annual review and reference update
June 2024	Annual review and reference update
June 2025	Annual review and reference update
June 2026	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on June 11, 2026 and is effective on July 1, 2026.