Braftovi

**Description**

Braftovi (encorafenib)

**Background**

Braftovi (encorafenib) is a kinase inhibitor indicated, in combination with Mektovi (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. Mutations in the BRAF gene, such as BRAF V600E, can result in constitutively activated BRAF kinases that may stimulate tumor cell growth. Braftovi targets BRAF V600E as well as other kinases and inhibits the activity of these kinases, thereby inhibiting tumor growth and proliferation (1).

Braftovi is to be used in combination with Mektovi. Braftovi and Mektovi 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 indication: Braftovi is a kinase inhibitor 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 (1).

**Limitations of use:**

Braftovi is not indicated for treatment of patients with wild-type BRAF melanoma (1).
Confirmation of the presence of BRAF V600E or V600K mutation in tumor specimens prior to the initiation of Braftovi. New primary malignancies, cutaneous and non-cutaneous can occur during therapy as well as major hemorrhagic events, uveitis, embryo-fetal toxicity, and QT prolongation. Prescribers must monitor for these adverse events and adjust the dosage, interrupt, or discontinue therapy as indicated (1).

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

Related policies
Cotellic, Mekinist, Mektovi, 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.

Braftovi may be considered medically necessary for patients 18 years of age or older for the treatment of unresectable or metastatic melanoma and if the conditions indicated below are met.

Braftovi may be considered investigational in patients less than 18 years of age and for all other indications.

Prior-Approval Requirements

Age
18 years of age or older

Diagnosis
Patient must have the following:

Unresectable or metastatic melanoma

AND ALL of the following:
1. Used in combination with Mektovi (binimetinib) with documented BRAF V600E or BRAF V600K mutation as detected by an FDA-approved test
2. Physician agrees to perform dermatologic evaluations every 2 months while on therapy and up to 6 months following discontinuation of therapy
3. Patient must NOT have wild-type BRAF melanoma
4. Prescriber agrees to monitor for the following:
   a. Tumor promotion in BRAF Wild-Type Tumors
   b. Hemorrhage
   c. Uveitis
   d. QT prolongation
   e. Embryo-fetal toxicity

Prior – Approval Renewal Requirements

Age
18 years of age or older

Diagnosis

Patient must have the following:

Unresectable or metastatic melanoma

AND ALL of the following:

1. Used in combination with Mektovi (binimetinib) with documented BRAF V600E or BRAF V600K mutation as detected by an FDA-approved test
2. Physician agrees to perform dermatologic evaluations every 2 months while on therapy and up to 6 months following discontinuation of therapy
3. NO disease progression or unacceptable toxicity
4. Prescriber agrees to monitor for the following:
   a. Tumor promotion in BRAF Wild-Type Tumors
   b. Hemorrhage
   c. Uveitis
   d. QT prolongation
   e. Embryo-fetal toxicity

Policy Guidelines
**Pre - PA Allowance**
None

**Prior - Approval Limits**

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<th>Quantity</th>
<th>540 capsules per 90 days</th>
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<td>Duration</td>
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**Prior – Approval Renewal Limits**

Same as above

**Rationale**

**Summary**

Braftovi (encorafenib) is a kinase inhibitor indicated, in combination with Mektovi (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. Confirm the presence of BRAF V600E or V600K mutation in tumor specimens prior to the initiation of Braftovi. New primary malignancies, cutaneous and non-cutaneous can occur during therapy as well as major hemorrhagic events, uveitis, embryo-fetal toxicity, and QT prolongation. Prescribers must monitor for these adverse events and adjust the dosage, interrupt, or discontinue therapy as indicated (1).

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

**References**


**Policy History**

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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>July 2018</td>
<td>Addition to PA</td>
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| September 2018 | Annual review
Addition of prescriber agreement to monitor for tumor promotion in BRAF Wild-Type Tumors, hemorrhage, uveitis, QT prolongation, and embryo-fetal toxicity per SME |
<table>
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<th>Prescription Drugs</th>
<th>Effective Date:</th>
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<td>Antineoplastic Agents</td>
<td>Original Policy Date:</td>
<td>July 13, 2018</td>
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June 2019 Annual editorial review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on June 20, 2019 and is effective on July 1, 2019.