Reference number
2616-A

SPECIALTY GUIDELINE MANAGEMENT

BRAFTOVI (encorafenib)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met, and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indication
1. 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.

2. Braftovi is indicated, 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.

Limitations of use: Braftovi is not indicated for treatment of patients with wild-type BRAF melanoma or wild-type BRAF CRC.

B. Compendial Uses
1. Glioma, BRAF V600 activating mutation-positive
2. Meningioma, BRAF V600 activating mutation-positive
3. Astrocytoma, BRAF V600 activating mutation-positive
4. Colorectal cancer, advanced disease
5. Colorectal cancer, unresectable metachronous metastases
6. Cutaneous melanoma, adjuvant systemic therapy

All other indications are considered experimental/investigational and not medically necessary.

II. DOCUMENTATION

Submission of BRAF mutation documentation is necessary to initiate the prior authorization review.

III. CRITERIA FOR INITIAL APPROVAL

A. Cutaneous Melanoma

Authorization of 12 months may be granted for treatment of cutaneous melanoma with a BRAF V600 activating mutation (e.g., V600E or V600K) in any of the following settings:
1. Unresectable or metastatic disease when used in combination with binimetinib (Mektovi).
2. Adjuvant treatment of stage III disease in combination with binimetinib (Mektovi) following complete resection or no evidence of disease when the member has had an unacceptable toxicity to dabrafenib (Tafinlar) in combination with trametinib (Mekinist).

B. Central Nervous System Cancer

Authorization of 12 months may be granted for treatment of BRAF V600 mutation-positive (e.g., BRAF V600E or V600K) gliomas, meningiomas, or astrocytomas.

C. Colorectal Cancer

Authorization of 12 months may be granted for treatment of colorectal cancer when the following criteria are met:

1. Braftovi is used in combination with either cetuximab (Erbitux) or panitumumab (Vectibix).
2. Tumor is positive for BRAF V600E mutation.
3. Either of the following:
   a. Will be used as subsequent therapy for advanced or metastatic disease
   b. Will be used as primary treatment for unresectable metachronous metastases and previous adjuvant FOLFOX (fluorouracil, leucovorin, and oxaliplatin) or CapeOX (capecitabine and oxaliplatin) within the past 12 months

IV. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section III when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

V. REFERENCES

1. Braftovi [package insert]. Boulder, CO: Array BioPharma, Inc.; April 2020.
2. The NCCN Drugs & Biologics Compendium 2020 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed November 10, 2020.
3. Usubalieva A, Pierson CR, Kavran CA, et al. Primary Meningeal Pleomorphic Xanthoastrocytoma With Anaplastic Features: A Report of 2 Cases, One With *BRAFV600E* Mutation and Clinical Response to the *BRAF* Inhibitor Dabrafenib. *Journal of neuropathology and experimental neurology*. 2015;74(10):960-969. doi:10.1097/NEN.0000000000000240.
4. Mordechai O, Postovsky S, Vlodavsky E, et al. Metastatic Rhabdoid Meningioma with *BRAF* V600E Mutation and Good Response to Personalized Therapy: Case Report and Review of the Literature. *Pediatric Hematology and Oncology*. 2015; 32:3, 207-211, DOI: 10.3109/08880018.2014.936058
5. Lassaletta, A, Guerreiro Stucklin, A, Ramaswamy, V, et al. Profound clinical and radiological response to BRAF inhibition in a 2-month-old diencephalic child with hypothalamic/chiasmatic glioma. *Pediatric Blood and Cancer*. 2016; 63: 2038-2041. doi:10.1002/pbc.26086.
6. Meletah SK, Pavlick D, Brennan T, et al. Personalized Treatment for a Patient with a BRAF V600E Mutation using Dabrafenib and a Tumor Treatment Fields Device in a High-Grade Glioma Arising from Ganglioglioma. *Journal of the National Comprehensive Cancer Network.* 2016; 14(11): 1345-1350.