



## PRIOR AUTHORIZATION POLICY

- POLICY:** Oncology – Mekinist Prior Authorization Policy
- Mekinist® (trametinib tablets and oral solution – Novartis)

**REVIEW DATE:** 04/05/2023; selected revision 09/13/2023

### **INSTRUCTIONS FOR USE**

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

### **CIGNA NATIONAL FORMULARY COVERAGE:**

#### **OVERVIEW**

Mekinist, a kinase inhibitor, is indicated for the treatment of patients with the following conditions:<sup>1</sup>

- **Low-grade glioma**, in combination with Tafenlar, for the treatment of pediatric patients  $\geq 1$  year of age with a *BRAF V600E* mutation who require systemic therapy.
- **Melanoma**, in the following situations:
  - As a single agent for unresectable or metastatic disease with a *BRAF V600E* or *V600K* mutation as detected by an FDA-approved test.
  - In combination with Tafenlar® (dabrafenib capsules and tablets for oral suspension), for unresectable or metastatic disease with a *BRAF V600E* or *V600K* mutation as detected by an FDA-approved test.
  - In combination with Tafenlar, as adjuvant treatment of *BRAF V600E* or *V600K* mutation-positive disease as detected by an FDA-approved test, with involvement of lymph nodes, following complete resection.
- **Non-small cell lung cancer**, in combination with Tafenlar, for disease that has the *BRAF V600E* mutation as detected by an FDA-approved test.
- **Solid tumors – unresectable or metastatic**, in combination with Tafenlar, for *BRAF V600E* mutation-positive disease, as determined by an FDA-approved test, in patients  $\geq 1$  year of age who have no satisfactory alternative treatment options.

- **Thyroid cancer**, in combination with Tafenlar, for locally advanced or metastatic anaplastic disease with *BRAF V600E* mutation and with no satisfactory locoregional treatment options.

Limitations of Use: Mekinist is not indicated for treatment of patients with colorectal cancer because of known intrinsic resistance to BRAF inhibition.

**Dosing:** For the tablet dosage form, Mekinist has dosing for patients who are adults and for patients who are between 6 and 17 years of age and weigh  $\geq 26$  kg. The oral solution dosage form also has weight-based dosing for patients  $\geq 8$  kg.

## Guidelines

National Comprehensive Cancer Network (NCCN) guidelines support use of Mekinist in multiple cancers.

- **Central Nervous System Cancers:** Guidelines (version 1.2023 – March 24, 2023) recommend a BRAF/MEK inhibitor combination (i.e., Tafenlar/Mekinist or Zelboraf® [vemurafenib tablets]/Cotellic® [cobimetinib tablets]) for treatment of *BRAF V600E* activation mutations in adults in the following situations: adjuvant treatment of pilocytic astrocytoma, pleomorphic xanthoastrocytoma, or ganglioglioma; recurrent or progressive low-grade glioma, oligodendroglioma, or isocitrate dehydrogenase-2 (*IDH2*)-mutant astrocytoma; and recurrent glioblastoma.<sup>7</sup> BRAF/MEK combination therapy is also recommended for melanoma with brain metastases. Guidelines for pediatric central nervous system (CNS) cancers (version 2.2023 – October 31, 2022) include targeted therapy with Tafenlar + Mekinist as adjuvant therapy or for recurrent or progressive disease, if the cancer has a *BRAF V600E* mutation.<sup>9</sup>
- **Histiocytic Neoplasms:** Guidelines (version 1.2022 – May 20, 2022) recommend Cotellic as “preferred” or Mekinist as “other recommended regimen” for histiocytic neoplasms (if there is a MAP kinase pathway mutation, or no detectable mutation, or testing is not available) for the following types: Langerhans cell histiocytosis (including multisystem, pulmonary or central nervous system lesions), Erdheim-Chester disease, and Rosai-Dorfman disease.<sup>6</sup>
- **Melanoma, Cutaneous:** Guidelines (version 2.2023 – March 10, 2023) recommend BRAF/MEK inhibitor combinations among the “preferred” therapies for first-line and subsequent treatment of metastatic or unresectable melanoma with a *V600*-activating mutation.<sup>2</sup> While combination BRAF/MEK inhibition is preferred, if a combination is contraindicated, monotherapy with a BRAF inhibitor is an option. Tafenlar + Mekinist is also recommended in guidelines as adjuvant therapy (including for nodal recurrence) in some patients with Stage III disease, including use post-surgery or use after complete lymph node dissection. If unacceptable toxicity to Tafenlar/Mekinist, other BRAF/MEK combinations can be considered.
- **Non-Small Cell Lung Cancer:** Guidelines (version 2.2023 – February 17, 2023) list Tafenlar + Mekinist among the first-line therapy and subsequent therapy options for tumors with a *BRAF* mutation.<sup>3</sup> NCCN also notes that monotherapy with a BRAF inhibitor (Tafenlar or Zelboraf) is a treatment option when combination therapy is not tolerated.

The NCCN Compendium<sup>8</sup> recommends use of Mekinist, in combination with Tafinlar, for the following *BRAF V600* positive tumors (all category 2A): High-grade gliomas, ampullary adenocarcinoma, neuroendocrine tumors, pancreatic adenocarcinoma, salivary gland tumors, esophageal and esophagogastric junction cancers, gastric cancer, biliary tract cancers, gastrointestinal stromal tumors, brain metastases due to melanoma, ovarian cancer, and differentiated thyroid carcinoma. NCCN Compendium also recommends use of Tafinlar as monotherapy for low-grade serous ovarian cancer.

## **POLICY STATEMENT**

Prior Authorization is recommended for prescription benefit coverage of Mekinist. All approvals are provided for the duration noted below.

- **Mekinist® (trametinib tablets and oral solution – Novartis)**

**is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):**

### **FDA-Approved Indications**

- 1. Low Grade Glioma.** Approve for 1 year if the patient meets the following (A, B, C, and D):
  - A)** Patient is  $\geq$  1 year of age; AND
  - B)** Patient has *BRAF V600* mutation-positive disease; AND
  - C)** The medication will be taken in combination with Tafinlar (dabrafenib capsules or tablets for oral suspension); AND
  - D)** Patient requires systemic therapy.
- 2. Melanoma.** Approve for 1 year if the patient meets the following (A, B, and C):
  - A)** Patient is  $\geq$  6 years of age; AND
  - B)** Patient has unresectable, advanced (including Stage III or Stage IV disease), or metastatic melanoma; AND  
Note: This includes adjuvant treatment in patients with Stage III disease with no evidence of disease post-surgery.
  - C)** Patient has *BRAF V600* mutation-positive disease.
- 3. Non-Small Cell Lung Cancer.** Approve for 1 year if the patient meets the following (A, B, and C):
  - A)** Patient is  $\geq$  6 years of age; AND
  - B)** Patient has *BRAF V600* mutation-positive disease; AND
  - C)** The medication is prescribed in combination with Tafinlar (dabrafenib capsules or tablets for oral suspension).

**4. Solid Tumors – Unresectable or Metastatic.** Approve for 1 year if the patient meets the following (A, B, C, and D):

Note: Examples of solid tumors are: biliary tract cancer, brain metastases due to melanoma, high-grade gliomas, differentiated thyroid carcinoma, gastrointestinal stromal tumors, gastric cancer, esophageal and esophagogastric junction cancers, salivary gland tumors, pancreatic adenocarcinoma, neuroendocrine tumors, and ampullary adenocarcinoma.

**A)** Patient is  $\geq$  1 year of age; AND

**B)** Patient has *BRAF V600* mutation-positive disease; AND

**C)** The medication will be taken in combination with Tafinlar (dabrafenib capsules or tablets for oral suspension); AND

**D)** According to the prescriber, the patient has no satisfactory alternative treatment options.

**5. Thyroid Carcinoma, Anaplastic.** Approve for 1 year if the patient meets the following (A, B, C, and D):

**A)** Patient is  $\geq$  6 years of age; AND

**B)** Patient has locally advanced or metastatic anaplastic disease; AND

**C)** Patient has *BRAF V600* mutation-positive disease; AND

**D)** The medication is prescribed in combination with Tafinlar (dabrafenib capsules or tablets for oral suspension), unless intolerant.

### **Other Uses with Supportive Evidence**

**6. Histiocytic Neoplasm.** Approve for 1 year if the patient meets the following (A and B):

**A)** Patient is  $\geq$  6 years of age; AND

**B)** Patient meets one of the following (i, ii, or iii):

**i.** Patient has Langerhans cell histiocytosis and one of the following (a, b, or c):

**a)** Multisystem disease; OR

**b)** Pulmonary disease; OR

**c)** Central nervous system lesions; OR

**ii.** Patient has Erdheim-Chester disease; OR

**iii.** Patient has Rosai-Dorfman disease.

- 7. Ovarian, Fallopian Tube, or Primary Peritoneal Cancer.** Approve for 1 year if the patient meets the following (A, B, and C):
- A)** Patient is  $\geq 6$  years of age; AND
  - B)** Patient has recurrent disease; AND
  - C)** Patient meets ONE of the following (i or ii):
    - i.** The medication is used for low-grade serous carcinoma; OR
    - ii.** The patient meets both of the following (a and b):
      - a)** Patient has *BRAF V600* mutation-positive disease; AND
      - b)** The medication will be taken in combination with Tafenlar (dabrafenib capsules or tablets for oral suspension).

## CONDITIONS NOT COVERED

- **Mekinist® (trametinib tablets and oral solution – Novartis)**

**is(are) considered experimental, investigational or unproven for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):**

- 1. Colon or Rectal Cancer.** Mekinist is not indicated for treatment of patients with colorectal cancer because of known intrinsic resistance to BRAF inhibition.<sup>1</sup>

## REFERENCES

1. Mekinist® tablets and oral solution [prescribing information]. East Hanover, NJ: Novartis; August 2023.
2. The NCCN Melanoma: Cutaneous Clinical Practice Guidelines in Oncology (version 2.2023 – March 10, 2023). © 2023 National Comprehensive Cancer Network. Available at: <http://www.nccn.org/>. Accessed on April 3, 2023.
3. The NCCN Non-Small Cell Lung Cancer Clinical Practice Guidelines in Oncology (version 2.2023 – February 17, 2023). © 2023 National Comprehensive Cancer Network. Available at: <http://www.nccn.org/>. Accessed on April 3, 2023.
4. The NCCN Thyroid Carcinoma Clinical Practice Guidelines in Oncology (version 1.2023 – March 24, 2023). © 2023 National Comprehensive Cancer Network. Available at: <http://www.nccn.org/>. Accessed on April 3, 2023.
5. The NCCN Ovarian Cancer Clinical Practice Guidelines in Oncology (version 1.2023 – December 22, 2022). © 2022 National Comprehensive Cancer Network. Available at: <http://www.nccn.org/>. Accessed on April 3, 2023.
6. The NCCN Histiocytic Neoplasms Clinical Practice Guidelines in Oncology (version 1.2022 – May 20, 2022). © 2022 National Comprehensive Cancer Network. Available at: <http://www.nccn.org/>. Accessed on April 3, 2023.
7. The NCCN Central Nervous System Cancers Clinical Practice Guidelines in Oncology (version 1.2023 – March 24, 2023). © 2023 National Comprehensive Cancer Network. Available at: <http://www.nccn.org/>. Accessed on April 3, 2023.
8. The NCCN Drugs & Biologics Compendium. © 2023 National Comprehensive Cancer Network. Available at: <http://www.nccn.org/>. Accessed on April 3, 2023. Search term: trametinib.

## HISTORY

Type of Revision	Summary of Changes	Review Date
Selected Revision	Approval durations were changed from 3 years to 1 year.	06/22/2022
Annual Revision	<p><b>Melanoma:</b> The required age was changed from <math>\geq 18</math> years of age to be <math>\geq 6</math> years of age. A requirement was added that the patient weighs <math>\geq 26</math> kg.</p> <p><b>Metastatic or Solid Tumors:</b> This newly approved condition was added to the policy.</p> <p><b>Non-Small Cell Lung Cancer:</b> The required age was changed from <math>\geq 18</math> years of age to be <math>\geq 6</math> years of age. A requirement was added that the patient weighs <math>\geq 26</math> kg.</p> <p><b>Thyroid Cancer, Anaplastic:</b> The required age was changed from <math>\geq 18</math> years of age to be <math>\geq 6</math> years of age. A requirement was added that the patient weighs <math>\geq 26</math> kg.</p> <p><b>Biliary Tract Cancer:</b> The required age was changed from <math>\geq 18</math> years of age to be <math>\geq 6</math> years of age. A requirement was added that the patient weighs <math>\geq 26</math> kg.</p> <p><b>Central Nervous System Cancer:</b> The required age was changed from <math>\geq 18</math> years of age to be <math>\geq 6</math> years of age. A requirement was added that the patient weighs <math>\geq 26</math> kg. To align with guidelines, criteria for recurrent disease now also apply for progressive disease. For a patient with glioma, the qualifier of "low grade" was removed. To align with guidelines, anaplastic glioma was removed and replaced with isocitrate dehydrogenase-2-mutant astrocytoma or oligodendroglioma.</p> <p><b>Histiocytic Neoplasm:</b> The required age was changed from <math>\geq 18</math> years of age to be <math>\geq 6</math> years of age. A requirement was added that the patient weighs <math>\geq 26</math> kg. Rosai-Dorfman disease was added as an approvable subtype. The requirement that the patient has a <i>BRAF V600</i> mutation-positive disease was removed.</p> <p><b>Ovarian, Fallopian Tube, or Primary Peritoneal Cancer:</b> The required age was changed from <math>\geq 18</math> years of age to be <math>\geq 6</math> years of age. A requirement was added that the patient weighs <math>\geq 26</math> kg. Concomitant use with Tafinlar was added as a requirement if the patient has <i>BRAF V600</i> mutation-positive disease.</p> <p><b>Conditions Not Covered</b> : Conon or Rectal Cancer was added to this section of the policy.</p>	08/03/2022
Early Annual Revision	<p>Added new oral solution formulation to the policy. For all indications, removed weight <math>\geq 26</math> kg criterion due to the approval of an oral solution formulation for <math>\geq 8</math> kg.</p> <p><b>Solid Tumors – Unresectable or Metastatic:</b> Modified indication to match FDA label. Previously listed as "Metastatic or solid tumors". Included "Note" below indication heading with a long list of examples of solid tumors that are supported by National Comprehensive Cancer Network (NCCN) guidelines/compendium. For criterion D, added phrase "According to the prescriber" in reference to unavailability of satisfactory alternative treatment options.</p> <p><b>Non-Small Cell Lung Cancer:</b> Similar to other criteria, deleted "E" from <i>BRAF V600</i> mutation reference. This is due to the possibility of occurrence of other point mutations than V600E.</p> <p><b>Low Grade Glioma:</b> Added new condition and criteria based on FDA-approval.</p> <p><b>Other Uses with Supportive Evidence:</b> Deleted Biliary Tract Cancer and Central Nervous System Cancer since they are now listed as examples under FDA-approved use "Solid Tumors – Unresectable or Metastatic" condition. Histiocytic Neoplasm and Ovarian Cancer</p>	04/05/2023

	(due to low-grade serous carcinoma) conditions were not deleted because Mekinist can be used as single agent in these settings (Solid Tumor indication requires use with Tafinlar).	
Selected Revision	<b>Solid Tumors – Unresectable or Metastatic:</b> Age indication expanded for use in patients 1 year and older. The required age was changed from $\geq 6$ years of age to be $\geq 1$ years of age.	09/13/2023

"Cigna Companies" refers to operating subsidiaries of Cigna Corporation. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. © 2023 Cigna