

encorafenib (BRAFTOVI)

Diagnosis Considered for Coverage:

- Unresectable or metastatic malignant melanoma
- Colorectal and appendiceal cancer
- Non-small Cell Lung Cancer (NSCLC)

Coverage Criteria:

For **malignant melanoma**:

- Cancer is positive for BRAF V600 activating mutation (e.g., V600E or V600K), **and**
- Meets one of the following:
 - For unresectable or metastatic disease: being used as a single agent or in combination with Mektovi, or
 - For adjuvant treatment: being used in combination with Mektovi and patient has intolerance or contraindication with a Tafinlar and Mekinist combination regimen,**and**
- Dose does not exceed 450 mg per day.

For **colorectal and appendiceal cancer**:

- Being used for metastatic, unresectable, or inoperable disease, **and**
- Cancer is positive for BRAF gene mutation, **and**
- Being used with either Vectibix or Erbitux, **and**
- Dose does not exceed 300 mg per day.

For **diagnosis of Non-Small Cell Lung Cancer (NSCLC)**,

- Disease is recurrent, advanced, or metastatic, **and**
- Cancer is positive for BRAF V600E activating mutation, **and**
- Being used in combination with Mektovi, **and**
- Dose does not exceed 450 mg per day

Coverage Duration: one year

Effective Date: 2/28/2024