

cobimetinib (COTELLIC)

Diagnoses Considered for Coverage:

- Malignant melanoma with BRAF V600E or V600K gene mutation
- Histiocytic neoplasms: Langerhans Cell Histiocytosis, Erdheim-Chester disease, and Rosai-Dorfman
- CNS low-grade gliomas, anaplastic gliomas and glioblastoma

Coverage Criteria:

For malignant melanoma:

- Cancer is positive for BRAF V600 activating mutation (e.g. V600E or V600K), **and**
- One of the following:
 - **For recurrent, unresectable, or metastatic disease:** Being used in combination with Zelboraf with or without Tecentriq, or
 - **For adjuvant treatment:** Being used in combination with Zelboraf and patient has intolerance or contraindication with a Tafenlar and Mekinist combination regimen, **and**
- Dose does not exceed 60 mg per day for 21 days every 28-day cycle

For histiocytic neoplasms: Langerhans Cell Histiocytosis, Erdheim-Chester disease, and Rosai-Dorfman:

- Being used as single agent therapy, **and**
- Dose does not exceed 60 mg per day for 21 days every 28-day cycle.

For CNS low-grade gliomas, anaplastic gliomas and glioblastoma:

- Cancer is positive for BRAF V600E mutation, **and**
- Being used in combination with Zelboraf, **and**
- Dose does not exceed 60 mg per day for 21 days every 28-day cycle.

Coverage Duration: one year

Effective Date: 6/28/2023