Clinical Policy: Trametinib (Mekinist)

Reference Number: PA.CP.PHAR.240
Effective Date: 01/18
Last Review Date: 04/19 Revision Log

Description
Trametinib (Mekinist®) is a kinase inhibitor.

FDA approved indication
Mekinist is indicated:

- As a single agent for the treatment of patients with unresectable or metastatic melanoma with BRAF V600E or V600K mutations as detected by an FDA-approved test
- In combination with dabrafenib:
  - For the treatment of patients with unresectable or metastatic melanoma with BRAF V600E or V600K mutations as detected by an FDA-approved test
  - For the adjuvant treatment of patients with melanoma with BRAF V600E or V600K mutations, as detected by an FDA-approved test, and involvement of lymph node(s), following complete resection
  - For the treatment of patients with metastatic non-small cell lung cancer (NSCLC) with BRAF V600E mutation as detected by an FDA-approved test
  - For the treatment of patients with locally advanced or metastatic anaplastic thyroid cancer (ATC) with BRAF V600E mutation and with no satisfactory locoregional treatment options

Limitation of use: Mekinist is not indicated for treatment of patients with melanoma who have received prior BRAF-inhibitor therapy.

Policy/Criteria
Provider must submit documentation (including office chart notes and lab results) supporting that member has met all approval criteria

It is the policy of Pennsylvania Health and Wellness® that Mekinist is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Melanoma (must meet all)**:**

1. Diagnosis of melanoma with BRAF V600E or V600K mutation;
2. Disease meets one of the following (a or b), disease is:
   a. Unresectable or metastatic;
   b. Presence of lymph node(s) involvement following complete resection;
3. Prescribed by or in consultation with an oncologist;
4. Age ≥ 18 years;
5. Dose does not exceed one 2 mg tablet per day.

Approval duration: 6 months

B. Non-small cell lung cancer (must meet all)**:**

1. Diagnosis of metastatic or recurrent non-small cell lung cancer;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Presence of a BRAF V600E mutation as detected by an FDA approved test;
5. Mekinist will be used in combination with dabrafenib (Tafinlar);
6. Dose does not exceed 2 mg tablet per day.

Approval duration: 6 months

C. Anaplastic Thyroid Cancer (ATC) (must meet all)**:**

1. Diagnosis of ATC;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Disease is positive for a BRAF V600E mutation;
5. Prescribed in combination with Tafinlar;
6. Dose does not exceed 2 mg/day (1 tablet/day).

Approval duration: 6 months

D. Uveal Melanoma (off-label) (must meet all)**:**

1. Diagnosis of metastatic or unresectable uveal melanoma;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Dose does not exceed 2 mg/day (1 tablet/day).

Approval Duration: 6 months

E. Other diagnoses/indications

1. Refer to PA.CP.PMN.53 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. All Indications (must meet all)**:**

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met initial approval criteria or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. Documentation of positive response to therapy;
3. If request is for a dose increase, new dose does not exceed one 2 mg tablet per day.

Approval duration: 12 months

B. Other diagnoses/indications (1 or 2)**:**

1. Currently receiving medication via health plan benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.LTSS.PHAR.01) applies.

Approval duration: Duration of request or 6 months (whichever is less); or

2. Refer to PA.CP.PMN.53 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policy – PA.CP.PMN.53 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
ATC: anaplastic thyroid cancer
BRAF: B-Raf proto-oncogene serine/threonine kinase
FDA: Food and Drug Administration
NSCLC: non-small cell lung cancer

Appendix B: Therapeutic Alternatives
Not applicable

Appendix C: Contraindications/Boxed Warnings
None reported

Appendix D: General Information

- According to NCCN, Mekinist has category 2A recommendation for combination treatment with Tafinlar for brain metastases if active against primary tumor (melanoma) for recurrent disease.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Melanoma, NSCLC, ATC	2 mg PO QD at least 1 hour before or at least 2 hours after a meal	2 mg/day

VI. Product Availability

Tablets: 0.5 mg, 2 mg

VII. References

1. Mekinist Prescribing Information. East Hanover, NJ: Novartis Pharmaceuticals Corporation; May 2018. Available at: www.pharma.us.novartis.com/product/pi/pdf/mekinist.pdf. Accessed February 26, 2019.
2. Trametinib. In: National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at NCCN.org. Accessed February 26, 2019.
3. National Comprehensive Cancer Network. Cutaneous Melanoma Version 1.2019. Available at: https://www.nccn.org/professionals/physician_gls/pdf/cutaneous_melanoma.pdf. Accessed February 26, 2019.
4. National Comprehensive Cancer Network. Central Nervous System Cancers Version 2.2018. Available at: https://www.nccn.org/professionals/physician_gls/pdf/cns.pdf. Accessed February 26, 2019.
5. National Comprehensive Cancer Network Guidelines. Non-Small Cell Lung Cancer Version 3.2019. Available at: https://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf. Accessed February 26, 2019.

6. National Comprehensive Cancer Network Guidelines. Thyroid Carcinoma Version 3.2018. Available at: https://www.nccn.org/professionals/physician_gls/pdf/thyroid.pdf. Accessed February 26, 2019.

Reviews, Revisions, and Approvals	Date	Approval Date
2Q 2018 annual review: added age; summarized NCCN and FDA approved uses for improved clarity; added specialist involvement in care; updated approval duration from 3/6 to 6/12 months; references reviewed and updated.	02.06.18	
2Q 2019 annual review: Updated criteria with new indications for anaplastic thyroid cancer and the adjuvant treatment of melanoma following complete lymph node(s) resection; added off-label use for uveal melanoma; references reviewed and updated	04/19	