Mekinist (trametinib)

Override(s)	Approval Duration
Prior Authorization	1 year
Quantity Limit	

Medications	Quantity Limit
Mekinist (trametinib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Mekinist (trametinib) may be approved if the following criteria are met:

- I. Individual has a diagnosis of Central Nervous System (CNS) Cancer (NCCN 2A); AND
 - A. Individual is using in combination with dabrafenib for one of the following:
 - 1. Individual has a primary diagnosis of melanoma and disease has metastasized to the brain; **OR**
 - 2. Individual is using for primary CNS cancer; OR
 - 3. Individual is using for Adult Circumscribed Glioma; OR
 - 4. Individual is using for recurrent or progressive Adult Glioma Glioblastoma; OR
 - 5. Individual has relapsed or refractory pediatric or adult diffuse high-grade gliomas;

AND

B. Individual has BRAF V600E mutation;

OR

- II. Individual has a diagnosis of low-grade glioma (LGG) (Label); AND
 - A. Individual is 1 year of age and older; **AND**
 - B. Individual is using in combination with dabrafenib: AND
 - C. Individual requires systemic therapy: AND
 - D. Individual has BRAF V600E mutation;

OR

- III. Individual has a diagnosis of unresectable or metastatic Gastrointestinal Stromal Tumor (NCCN 2A); **AND**
 - A. Individual is using in combination with dabrafenib; AND
 - B. Individual has BRAF V600E;

OR

IV. Individual has a diagnosis of unresectable or metastatic Biliary Tract Cancer (NCCN 2A);

- A. Individual is using in combination with dabrafenib; AND
- B. Individual has confirmed disease progression after systemic treatment; AND
- C. Individual has BRAF V600E mutation;

OR

- V. Individual has a diagnosis of symptomatic and/or relapsed/refractory Histiocytic Neoplasm, including Erdheim-Chester Disease, Langerhans Cell Histiocytosis or Rosai-Dorfman Disease (NCCN 2A); AND
 - A. Individual is using as monotherapy; AND
 - B. Individual has mitogen-activated protein (MAP) kinase pathway mutation, or no detectable mutation, or testing not available;

OR

- VI. Individual has a diagnosis of unresectable or metastatic malignant cutaneous Melanoma (Label, NCCN 1, 2A); **AND**
 - A. Individual is using as monotherapy; **AND**
 - B. Individual has not been previously treated with a BRAF inhibitor;

OR

- C. Individual is using in combination with dabrafenib; AND
- D. Individual has either BRAF V600E or V600K mutation (or BRAF V600 activating mutation);

OR

- E. Individual is using in combination with dabrafenib and pembrolizumab (NCCN 2A);AND
- F. Individual is has BRAF V600 mutation; AND
- G. Individual is using as second-line or subsequent therapy following disease progression or intolerance, and/or projected risk of progression with BRAF-targeted therapy and/or PD(L)-1 inhibitor was not previously used;

OR

- VII. Individual has a diagnosis of cutaneous melanoma (Label, NCCN 1, 2A); AND
 - A. Individual is using in combination with dabrafenib; AND
 - B. Individual is using as adjuvant treatment; AND
 - C. Individual has disease involvement of lymph node(s), following complete resection or wide excision: **AND**
 - D. Individual has either BRAF V600E or V600K mutation:

OR

- VIII. Individual has a diagnosis of metastatic Non-Small Cell Lung Cancer (NSCLC) (Label, NCCN 2A); **AND**
 - A. Individual is using in combination with dabrafenib; AND
 - B. Individual has BRAF V600E mutation;

OR

- IX. Individual has a diagnosis of ovarian cancer, low-grade serous carcinoma (NCCN 2A);AND
 - A. Individual is using as a single-agent; **AND**
 - B. Individual has platinum-sensitive or platinum-resistant recurrence to disease;

OR

- Individual has a diagnosis of locally advanced or metastatic anaplastic thyroid cancer (ATC) (Label, NCCN 2A); AND
 - A. Individual is using in combination with dabrafenib; AND
 - B. Individual has no satisfactory locoregional treatment options; AND
 - C. Individual has BRAF V600E mutation;

OR

XI. Individual has a diagnosis of metastatic or unresectable Uveal Melanoma (NCCN 2A);

A. Individual is using as monotherapy;

OR

XII.Individual has a diagnosis of unresectable or metastatic solid tumors (Label, NCCN 2A);

- A. Individual is 1 year of age and older; AND
- B. Individual is using in combination with dabrafenib; AND
- Individual has progressed following prior treatment and has no satisfactory alternative treatment options; AND
- D. Individual has BRAF V600E mutation.

Mekinist (trametinib) may not be approved for the following:

I. Individual with colorectal cancer.

Key References:

- 1. Brown NF, Carter T, Kitchen N, Mulholland P. Dabrafenib and trametinib in BRAFV600E mutated glioma. *CNS Oncol.* 2017;6(4):291-296. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6004887/pdf/cns-06-291.pdf
- 2. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2022. URL: http://www.clinicalpharmacology.com. Updated periodically.
- DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: July 5, 2022.
- 4. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
- Gershenson DM, Miller A, et al. A randomized phase II/III study to assess the efficacy of trametinib in patients with recurrent or progressive low-grade serous ovarian or peritoneal cancer [abstract]. Ann Oncol. 2019;30 (suppl_5): abstr L BA61
- 6. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2022; Updated periodically.
- 7. NCCN Clinical Practice Guidelines in Oncology™. © 2024 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Accessed on July 3, 2024.
 - a. Ampullary Adenocarcinoma. V1.2024. Revised December 13, 2023
 - b. Biliary Tract Cancers. V2.2024. Revised April 19, 2024.
 - c. Central Nervous System Cancers. V1.2024. Revised May 31, 2024.
 - d. Cutaneous Melanoma. V2.2024. Revised April 3, 2024.
 - e. Esophageal and Esophagogastric Junction Cancers. V3.2024. Revised April 26, 2024.
 - f. Gastric Cancer. V2.2024. Revised May 29, 2024.
 - g. Gastrointestinal Stromal Tumors. V1.2024. Revised March 8, 2024.
 - h. Hairy Cell Leukemia. V2.2024. Revised April 22, 2024.
 - i. Head and Neck Cancers. V4. 2024. Revised May 1, 2024.
 - j. Histiocytic Neoplasms. V1.2024. Revised March 15, 2024.
 - k. Neuroendocrine and Adrenal Tumors. V1. 2024. Revised June 20, 2024.
 - I. Non-Small Cell Lung Cancer. V7.2024. Revised June 26, 2024.
 - m. Occult Primary. V2.2024. Revised April 29, 2024.
 - n. Ovarian Cancer. V2.2024. Revised May 13, 2024.

- o. Pancreatic Adenocarcinoma. V2.2024. Revised April 30, 2024.
- p. Pediatric Central Nervous System Cancers. V1.2024. Revised February 26, 2024.
- q. Small Bowel Adenocarcinoma. V4.2024. Revised July 3, 2024.
- r. Thyroid Carcinoma. V3.2024. Revised June 18, 2024.
- s. Uveal Melanoma. V1.2024. Revised May 23, 2024.
- 8. Marks AM, Bindra RS, DiLuna ML, et al. Response to the BRAF/MEK inhibitors dabrafenib/trametinib in an adolescent with a BRAF V600E mutated anaplastic ganglioglioma intolerant to vemurafenib. *Pediatr Blood Cancer*. 2018;65(5):e26969

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.

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