



BRAF INHIBITORS PA SUMMARY

MEDICATIONS: Mekinist, Tafinlar, Zelboraf

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

For Mekinist

- ❖ Approvable for the diagnosis of unresectable or metastatic melanoma
AND
- ❖ Member must have a BRAF V600E or V600K mutation as detected by an FDA-approved test, such as the THxID BRAF companion test
- ❖ Member must have experienced progression of disease with a BRAF inhibitor (example: Tafinlar, Zelboraf) if Mekinist is being used as a single agent.

For Tafinlar

- ❖ Approvable for the diagnosis of unresectable or metastatic melanoma
AND
- ❖ Member must have a BRAF V600E mutation (non wild-type) as detected by an FDA-approved test, such as the THxID BRAF companion test.
OR
- ❖ Member must have a BRAF V600K mutation (non wild-type) as detected by an FDA-approved test, such as the THxID BRAF companion test. Tafinlar must be used in combination with Mekinist for these members.

For Zelboraf

- ❖ Approvable for the diagnosis of unresectable or metastatic melanoma
AND
- ❖ Member must have a BRAF V600E mutation (non wild-type) as detected by an FDA-approved test, such as the Cobas 4800 BRAF V600 Mutation Test.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click



on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.