

MEKTOVI (binimetinib, oral)

Diagnosis Considered for Coverage:

- Unresectable or metastatic malignant melanoma
- Histiocytic neoplasms: Langerhans cell histiocytosis - *off label NCCN 2A support*
- Non-Small Cell Lung Cancer (NSCLC)

Coverage Criteria:

For diagnosis of malignant melanoma

- Patient has BRAF V600 gene mutation (e.g., V600E or V600K mutation), **and**
- One of the following:
 - ***For recurrent, unresectable, or metastatic disease:*** Being used in combination with Braftovi,
 - or
 - ***For adjuvant treatment:*** Being used in combination with Braftovi and patient has intolerance or contraindication with a Tafinlar and Mekinist combination, **and**
- and**
- Dose does not exceed FDA label maximum.

For diagnosis of histiocytic neoplasms of Langerhans cell histiocytosis:

- Being used as a single agent, **and**
- Dose does not exceed FDA label maximum

For diagnosis of non-small cell lung cancer:

- Being used for recurrent, advanced, or metastatic disease, **and**
- Patient has BRAF V600E mutation, **and**
- Being used in combination with Braftovi, **and**
- Dose does not exceed FDA label maximum.

Coverage Duration: one year

Effective Date: 02/28/2024