Evolent Clinical Guideline 3205 for Braftovi™ (encorafenib)

Guideline Number:	Applicable Codes	
Evolent_CG_3205		
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Original Date:	**Last Revised Date:**	**Implementation Date:**
July 2018	April 2026	April 2026

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STATEMENT

Purpose

To define and describe the accepted indications for Braftovi (encorafenib) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

Evolent is responsible for processing all medication requests from network ordering providers. Medications not authorized by Evolent may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

INDICATIONS

Continuation requests for a not-approvable medication shall be exempt from this Evolent policy provided

- The member has not experienced disease progression on the requested medication AND
- The requested medication was used within the last year without a lapse of more than 30 days of having an active authorization AND
- Additional medication(s) are not being added to the continuation request.

Colorectal Cancer

- The member has BRAF V600E mutation positive unresectable or metastatic colorectal cancer, regardless of KRAS/NRAS status AND Braftovi (encorafenib) will be used in combination with Erbitux (cetuximab) or Vectibix (panitumumab) after prior therapy with an oxaliplatin and/or irinotecan containing regimen
- Braftovi (encorafenib) may be used in combination with FOLFOX and either Erbitux (cetuximab) or Vectibix (panitumumab) in the initial line setting in members with stage IV, metastatic BRAF V600E mutation positive colorectal cancer, and KRAS/NRAS status is either Wild-Type or unknown.
    - Members must also:
        - Have not had prior treatment with any selective BRAF inhibitors or EGFR inhibitors
        - Have tumors that are not microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) unless the member is ineligible for or progressed on immune checkpoint inhibitors

Melanoma

- Braftovi (encorafenib) may be used in combination with Mektovi (binimetinib) in members with BRAF V600E or V600K mutation positive unresectable/metastatic melanoma.

Non-Small Cell Lung Cancer (NSCLC)

- Braftovi (encorafenib) may be used in combination with Mektovi (binimetinib) in adult members with BRAF V600E mutation positive metastatic non-small cell lung cancer (NSCLC).

CONTRAINDICATIONS/WARNINGS

- None

EXCLUSION CRITERIA

- Disease progression while receiving Braftovi (encorafenib) or another BRAF inhibitor (either as a single agent or as part of a combination regimen).
- Dosing exceeds single dose limit of Braftovi (encorafenib) 450 mg (melanoma and NSCLC)/300 mg (colorectal cancer).
- Treatment exceeds the maximum limit of Braftovi (encorafenib) 180 (75 mg) capsules per month.
- Investigational use of Braftovi (encorafenib) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:
    - Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
    - Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
    - Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definitions of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of less than 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
    - Whether the experimental design, considering the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).

- That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
- That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
- That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

CODING AND STANDARDS

Codes

- J8999 - encorafenib

Applicable Lines of Business

☐	CHIP (Children's Health Insurance Program)
☒	Commercial
☒	Exchange/Marketplace
☒	Medicaid
☐	Medicare Advantage

POLICY HISTORY

Date	Summary
April 2026	• Updated references
November 2025	• Converted to new Evolent guideline template • This guideline replaces UM ONC_1335 Braftovi (encorafenib) • Added to indication section the combination regimen with panitumumab + FOLFOX in initial line, metastatic BRAF V600E mutation positive colorectal cancer • Updated references

Date	Summary
January 2025	• Added Evolent disclaimer language • Added Coding Information section with HCPCS code • Added maximum dosage for NSCLC in exclusion criteria • Added new indication • Updated references

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Services Clinical Guideline Review Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. Evolent clinical guidelines contain guidance that requires prior authorization and service limitations. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

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7. Micromedex® Healthcare Series: Micromedex Drugdex Ann Arbor, Michigan 2026.
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9. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD 2026.
10. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. *J Clin Oncol*. 2014 Apr 20;32(12):1277-80.
11. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: **https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf**.
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