New Century Health

Drug Policy:

Mekinist™ (trametinib)

POLICY NUMBER UM ONC_1249	SUBJECT Mekinist™ (trametinib)		DEPT/PROGRAM UM Dept	PAGE 1 of 4
DATES COMMITTEE REVIEWED 09/18/13, 10/06/14, 11/12/14, 04/07/16, 02/06/17, 02/14/18, 02/13/19, 12/11/19, 02/12/20, 11/11/20, 04/12/21, 10/13/21, 11/15/21, 05/11/22, 08/10/22, 02/08/23, 04/12/23, 05/10/23	APPROVAL DATE May 10, 2023	EFFECTIVE DATE May 26, 2023	COMMITTEE APPROVAL DATES 09/18/13, 10/06/14, 11/12/14, 04/07/16, 02/06/17, 02/14/18, 02/13/19, 12/11/19, 02/12/20, 11/11/20, 04/14/21, 10/13/21, 11/15/21, 05/11/22, 08/10/22, 02/08/23, 04/12/23, 05/10/23	
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee		
URAC STANDARDS HUM v8: UM 1-2; UM 2-1	NCQA STANDARDS UM 2		ADDITIONAL AREAS OF IMPACT	
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS		APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid	

I. PURPOSE

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

New Century Health (NCH) is responsible for processing all medication requests from network ordering providers. Medications not authorized by NCH 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.

II. INDICATIONS FOR USE/INCLUSION CRITERIA

A. Continuation requests for a not-approvable medication shall be exempt from this NCH policy provided:

1. The requested medication was used within the last year, AND
2. The member has not experienced disease progression and/or no intolerance to the requested medication, AND
3. Additional medication(s) are not being added to the continuation request.

B. Low Grade Glioma

1. Mekinist (trametinib) may be used in combination with Tafinlar (dabrafenib) in members 1 year of age and older with low grade glioma with a BRAF V600E mutation.

C. Malignant Melanoma

1. Mekinist (trametinib) may be used as adjuvant treatment, following complete resection, in combination with Tafinlar (dabrafenib) for melanoma with BRAF V600E or V600K mutations OR
2. Mekinist (trametinib) may be used in combination with Tafinlar (dabrafenib) in members in members with unresectable or metastatic BRAF V600E or V600K mutation positive melanoma.

D. Non-Small Cell Lung Cancer (NSCLC)

1. The member has recurrent, advanced, or metastatic BRAF V600E mutation-positive NSCLC and Mekinist (trametinib) is being used in combination with Tafinlar (dabrafenib) as any of the following:
   a. First line therapy OR
   b. Subsequent therapy if anti-BRAF targeted therapy was not previously used.

E. Solid Tumors with BRAF V600E mutation (excluding colorectal cancer)

1. Mekinist (trametinib) may be used in combination with Tafinlar (dabrafenib) in adult or pediatric members greater than or equal to 6 years of age with unresectable or metastatic solid tumors with BRAF V600E mutation, as subsequent therapy.

E. Thyroid Carcinoma

1. Mekinist (trametinib) is being used in combination with Tafinlar (dabrafenib) for radioactive iodine-refractory (if radioactive iodine therapy is appropriate) in members with locally advanced or metastatic BRAF V600E mutation-positive anaplastic, papillary, follicular, or Hürthle Cell thyroid cancer.

III. EXCLUSION CRITERIA

A. The member has BRAF wild-type tumors.

B. The presence of KRAS or NRAS mutations in member's colorectal cancer.

C. Disease progression while taking any MEK inhibitor + BRAF inhibitor combination.

D. Dosing exceeds single dose limit of Mekinist (trametinib) 2mg.

E. Treatment exceeds the maximum limit of 30 (2 mg), 120 (0.5 mg) tablets/month.

F. Treatment exceeds the maximum 12 months duration limit when used as adjuvant melanoma treatment following complete resection of the primary lesion and completion of a regional lymph node dissection.

G. Investigational use of Mekinist (trametinib) 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:
   1. Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.

2. Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
3. 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.
4. 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).
5. 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.
6. That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
7. 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.

IV. MEDICATION MANAGEMENT

A. Please refer to the FDA label/package insert for details regarding these topics.

V. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

A. None

VII. REFERENCES

A. Consoli F, et al. Network indirect comparison of 3 BRAF + MEK inhibitors for the treatment of advanced BRAF mutated melanoma. Clin Transl Oncol. 2020 Jun;22(6):900-907.

B. Robert C, et al. COMBI-v Clinical Trial. Five-Year Outcomes with Dabrafenib plus Trametinib in Metastatic Melanoma. N Engl J Med. 2019 Aug 15;381(7):626-636.Mekinist prescribing information. GlaxoSmithKline Research Triangle Park, NC 2022.

C. Clinical Pharmacology Elsevier Gold Standard 2023.

D. Micromedex® Healthcare Series: Micromedex Drugdex Ann Arbor, Michigan 2023.

E. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2023.

F. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD 2023.

G. 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.

H. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf.

I. NCQA UM 2023 Standards and Elements.