UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Cotellic

Program	Prior Authorization
Medication	Cotellic™ (cobimetinib)
Issue Date	8/2016
Pharmacy and Therapeutics Approval Date	11/2017
Effective Date	1/2018

1. Background:

Cotellic® (cobimetinib) is a kinase inhibitor indicated for the treatment of patients with unresectable or metastatic melanoma with a BRAF V600E or V600K mutation, in combination with Zelboraf® (vemurafenib).[1]

2. Coverage Criteria:

A. Melanoma

1. Initial Authorization

a. **Cotellic** will be approved based on **all** of the following criteria:

(1) Diagnosis of melanoma

-AND-

(2) Disease is **one** of the following:

(a) Unresectable
(b) Metastatic

-AND-

(3) Disease is positive for **one** of the following mutations:

(a) BRAF V600E
(b) BRAF V600K

-AND-

(4) Used in combination with Zelboraf (vemurafenib)

Authorization will be issued for 12 months.

2. Reauthorization

a. **Cotellic** will be approved based on the following criterion:

(1) Patient does not show evidence of progressive disease while on Cotellic therapy

Authorization will be issued for 12 months.

3. References:

1. Cotellic [package insert]. Genentech USA, Inc.: South San Francisco, CA; May 2016.
2. The NCCN Drugs and Biologics Compendium (NCCN Compendium™). Available at http://www.nccn.org. Accessed October 11, 2017.

Program	Prior Authorization –Cotellic (cobimetinib)
Change Control	
Date	Change
8/2016	New program
12/2016	Added criteria to use in combination with Zelboraf. Updated references.
12/2017	Annual Review. Updated References.