Melanoma Pathways: Metastatic Melanoma

Patient Name:_____ Date of Birth:_____

Member Number: _____ Treatment Start Date:_____

Pathology:_____ **Stage**:_____

Line of Therapy: __Adjuvant/Post-Op __1st Line __2nd Line __3rd Line __3rd Line+ **ECOG Performance Status**:_____ ICD-10 Code:_____

Biomarkers/Characteristics: (Select all that apply)

Microsatellite Instability: __dMMR/MSI-H __MSI-L __Not Reported NTRK Fusion: __Negative __Postitive __Not Reported

BRAF status: __V600E Mutation positive__V600K Mutation positive __Wild Type (no mutation) __Not Reported

c-kit status: __Exon 11 Mutation Present __Exon 9 Mutation Present __No Mutation __Not Reported

Stage IIIB/IIIC (Resected) | Adjuvant Therapy

___Nivolumab (Opdivo)

Metastatic Disease | First and Subsequent Lines of Therapy (1st Line+) | Any BRAF Status | ECOG PS: 0-2

___Nivolumab (Opdivo) and ipilimumab (Yervoy)

___Pembrolizumab (Keytruda)*

Metastatic Disease | First Line of Therapy (1st Line) |BRAF Mutated† | Symptomatic Disease | ECOG PS: 0-2

___Encorafenib (Braftovi) and binimetinib (Mektovi)

Metastatic Disease | Second and Subsequent Lines of Therapy (2nd Line+) | BRAF Mutated† | ECOG PS: 0-2

___Encorafenib (Braftovi) and binimetinib (Mektovi)

Metastatic Disease | Second and Subsequent Lines of Therapy (2nd Line+) | Any BRAF Status | ECOG PS: 0-2

___Ipilimumab (Yervoy)

* Administered at a dose of 200 mg every 3 weeks OR 400 mg every 6 weeks per the FDA label OR 2 mg/kg (up to a maximum of 200 mg) every 3 weeks, as clinically appropriate

†BRAF mutations include V600E and V600K mutations

Note: Pathways are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered. Biosimilars or alternate formulations (along with the reference products) are considered on pathway unless otherwise specified by health plan formularies, medical policies, or preferred product rules.

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