# 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**

___Pembrolizumab (Keytruda)*

___Nivolumab (Opdivo) and ipilimumab (Yervoy)

**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 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.

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