Melanoma Pathways: Cutaneous Melanoma

Patient Name:_____ Date of Birth:_____

Member Number: _____ Treatment Start Date:_____

Pathology:_____ **Stage**:_____

Line of Therapy: _____ **ICD-10 Code**:_____

Biomarkers/Characteristics: (Select all that apply)

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

Neoadjuvant Therapy

- Stages IIIB-IV (resectable)
  - ☐ Pembrolizumab (Keytruda)
  - ☐ Nivolumab (Opdivo) and ipilimumab (Yervoy)

Adjuvant Therapy

- Stages IIB-III
  - Resected
    - ☐ Pembrolizumab (Keytruda)
- Stages III
  - Resected
    - ☐ Nivolumab (Opdivo)

First Line of Therapy (1st Line)

- Stages IV and Recurrent
  - Any BRAF Status
    - ☐ Nivolumab (Opdivo)
    - ☐ Nivolumab (Opdivo) and ipilimumab (Yervoy)
    - ☐ Pembrolizumab (Keytruda)*
  - BRAF Mutated†
    - ☐ Encorafenib (Braftovi) and binimetinib (Mektovi)‡

Second and Subsequent Lines of Therapy (2nd Line+)

- Stages IV and Recurrent
  - BRAF Mutated† only when no prior BRAF targeted therapy has been used
    - ☐ Encorafenib (Braftovi) and binimetinib (Mektovi)

* 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

‡ First line only if the patient is not considered a suitable candidate for immunotherapy.

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 of reference products listed are considered "on pathway." However, reimbursement for biosimilar products may be impacted by health plan specific formularies, medical policy and preferred product rules.

carelon

8600 West Bryn Mawr Avenue
South Tower – Suite 800 Chicago, IL 60631

Last review: 8/27/2024 | Effective date: 11/4/2024