# SPECIALTY GUIDELINE MANAGEMENT

## COTELLIC (cobimetinib)

**POLICY**

### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications
Cotellic is indicated for the treatment of patients with unresectable or metastatic melanoma with a BRAF V600E or V600K mutation, in combination with vemurafenib.

All other indications are considered experimental/investigational and are not a covered benefit.

### II. CRITERIA FOR INITIAL APPROVAL

Authorization for 12 months may be granted for treatment of unresectable or metastatic melanoma when all of the following criteria are met:
A. Cotellic is used in combination with vemurafenib
B. Tumor is positive for BRAF V600E or V600K mutation

### III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

### IV. REFERENCES

1. Cotellic [package insert]. South San Francisco, CA: Genentech USA, Inc.; May 2016.
2. The NCCN Drugs & Biologics Compendium™ © 2016 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed December 02, 2016.