Melanoma Pathways: Metastatic Melanoma

Patient Name: ___________________________ Date of Birth: ___________________________
Member Number: ___________________________ Treatment Start Date: ___________________________
Pathology: ___________________________
Line of Therapy: [ ] Adjuvant/Post-Op [ ] 1st Line [ ] 2nd Line
[ ] 3rd Line [ ] 3rd Line+
Stage: ___________________________
ECOG Performance Status: [ ] 0-2 ICD-10 Code: ___________________________

Biomarkers/Characteristics: (Select all that apply)
Microsatellite Instability: [ ] dMMR/MSI-H [ ] MSI-L [ ] Not Reported
NTRK Fusion: [ ] Negative [ ] Positive [ ] 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
‡Not reported

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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