

# Melanoma Pathways: Metastatic Melanoma

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Member Number: \_\_\_\_\_ Treatment Start Date: \_\_\_\_\_

ICD-10 Code: \_\_\_\_\_ Pathology: \_\_\_\_\_

Stage: 0 IA IB IIA IIB IIC III IV Recurrent

Line of Treatment: Adjuvant/Post-Op First Line Second Line Third Line Third Line +

ECOG Performance Status: 0 1 2 3 4

## Biomarkers:

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

**Metastatic disease | First and subsequent lines of therapy (1<sup>st</sup> line +) | Any BRAF status | ECOG PS: 0, 1, 2**

Pembrolizumab (Keytruda)\*

**Metastatic disease | First line of therapy (1<sup>st</sup> line) | BRAF mutated † | Symptomatic disease | ECOG PS: 0, 1, 2**

Vemurafenib (Zelboraf) and cobimetinib (Cotellic)

**Metastatic disease | Second and subsequent lines of therapy (2<sup>nd</sup> line +) | BRAF mutated † | ECOG PS: 0, 1, 2**

Vemurafenib (Zelboraf) and cobimetinib (Cotellic)

**Metastatic disease | Second and subsequent lines of therapy (2<sup>nd</sup> line +) | Any BRAF status | ECOG PS: 0, 1, 2**

Ipilimumab (Yervoy)

\* Administered at a dose of 2 mg/kg (up to a maximum of 200 mg).

† BRAF mutations include V600E and V600K mutations.

**Note:** Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and 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.