



START

WITH RECOMMENDED DOSING & ADMINISTRATION

INDICATION BRAFTOVI (encorafenib) in combination with MEKTOVI (binimetinib) is indicated for the treatment of adult patients with unresectable or metastatic melanoma with a *BRAF*^{V600} mutation.

This material was developed in compliance with the EFPIA code and EU SmPCs. Registration conditions and prescribing information may vary per country. Therefore, before prescribing any product, Health Care Providers must refer to their country's prescribing information.

For complete information, please refer to the BRAFTOVI® + MEKTOVI® SmPCs



LABORATOIRES

Pierre Fabre



START WITH RECOMMENDED DOSING AND ADMINISTRATION

A guide
to optimize
your patients
treatment
initiation
with



BRAFTOVI + MEKTOVI RECOMMENDED DOSING



DOSING IN SPECIFIC POPULATIONS



DRUG-DRUG INTERACTIONS



MONITORING PATIENTS PRIOR TO TREATMENT



SAFETY PROFILE OF THE COMBINATION



DOSAGE FORMS AND STRENGTHS



REFERENCES



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BRAFTOVI + MEKTOVI RECOMMENDED DOSING^{1,2}

Confirm the presence of *BRAF*^{V600} mutation before treatment.



May be taken with or without food, except grapefruit juice



Swallow doses whole with water



No refrigeration requirement; store BRAFTOVI below 30°C



Uninterrupted dosing schedule

PATIENTS SHOULD NOT TAKE A MISSED DOSE OF:



MEKTOVI within
6 hours of the next dose



BRAFTOVI within
12 hours of the next dose

Your patients should adopt a routine that fits their lifestyle
for taking BRAFTOVI + MEKTOVI

BRAFTOVI 450 mg^a

ONE DOSE PER DAY (in the morning OR at night)

6x 75 mg



MEKTOVI 45 mg



1st DOSE

3x 15 mg

← ~ 12 HOURS APART →

MEKTOVI 45 mg



2nd DOSE

3x 15 mg

DURATION:

BRAFTOVI + MEKTOVI should be continued until the patient no longer derives benefit or the development of unacceptable toxicity.

In case of vomiting after administration of BRAFTOVI + MEKTOVI, the patient should not take an additional dose and should take the next scheduled dose. BRAFTOVI + MEKTOVI are not recommended during pregnancy, breast-feeding and in women of childbearing potential not using contraception; it is unknown whether BRAFTOVI or MEKTOVI or their metabolites are excreted in humans. A risk to the newborns/infants cannot be excluded.

^aFor patients with mild hepatic impairment, administration of BRAFTOVI should be undertaken with caution at a reduced dose of 300 mg once daily. In the absence of clinical data, BRAFTOVI is not recommended in patients with moderate to severe hepatic impairment.¹
Please see the Summaries of Product Characteristics

START

BRAFTOVI + **MEKTOVI**
(encorafenib) (binimetinib)



DOSING IN SPECIFIC POPULATIONS^{1,2}



HEPATIC IMPAIRMENT^{1,2}



RENAL IMPAIRMENT^{1,2}



ELDERLY PATIENTS^{1,2}



DOSING IN SPECIFIC POPULATIONS^{1,2}



HEPATIC IMPAIRMENT^{1,2}



RENAL IMPAIRMENT^{1,2}



ELDERLY PATIENTS^{1,2}

Degree of hepatic impairment	Child-Pugh grade class	BRAFTOVI	MEKTOVI
Mild	A	Use with caution at a reduced dose of 300 mg once daily	No dose adjustment required
Moderate	B	Not recommended	Not recommended
Severe	C		



Closer monitoring of encorafenib related toxicities in patients with mild hepatic impairment is recommended, including clinical examination and liver function tests, with assessment of ECGs as clinically appropriate during treatment.

Child-Pugh class ³			
Variable	POINTS		
	1	2	3
Hepatic encephalopathy ^a	None	Stage I-II	Stage III-IV
Ascites	Absent	Controlled	Refractory
Bilirubin (mg/dL)	<2	2-3	>3
Albumin (g/L)	>35	28-35	<28
Prothrombin time (seconds)	<4	4-6	>6

Prognostic subgroup ¹⁻³			
Sum of points	5-6	7-9	10-15
Class	A (mild)	B (moderate)	C (severe)

^a Stage I may involve a trivial lack of awareness, euphoria or anxiety, a shortened attention span, impairment of the ability to perform addition or subtraction, or an altered sleep rhythm. Stage II may involve lethargy or apathy, time disorientation, obvious personality changes, inappropriate behaviour, dyspraxia, or asterixis. Stage III may involve a range of somnolence to a semi-stupor, responsiveness to stimuli, confusion, gross disorientation, or bizarre behaviour. Stage IV entails a coma.⁴



DOSING IN SPECIFIC POPULATIONS^{1,2}



HEPATIC IMPAIRMENT^{1,2}



RENAL IMPAIRMENT^{1,2}



ELDERLY PATIENTS^{1,2}

Degree of renal impairment	BRAFTOVI	MEKTOVI
Mild (eGFR 60-90 mL / min / 1.73 m ²)	No dose adjustment required	No dose adjustment required
Moderate (eGFR 30-59 mL / min / 1.73 m ²)		
Severe (eGFR ≤29 mL / min / 1.73 m ²)	No clinical data Use with caution	



Blood creatinine should be monitored as clinically indicated and creatinine elevation managed with dose modification or discontinuation.¹
 Patients should ensure adequate fluid intake during treatment.

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DOSING IN SPECIFIC POPULATIONS^{1,2}



HEPATIC IMPAIRMENT^{1,2}



RENAL IMPAIRMENT^{1,2}



ELDERLY PATIENTS^{1,2}

ELDERLY PATIENTS^{1,2}

No dose adjustment is required for patients aged 65 years and older

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BRAFTOVI + **MEKTOVI**
(encorafenib) (binimetinib)



DRUG-DRUG INTERACTIONS^{1,2}



Effects of other medicinal products
on
BRAFTOVI and **MEKTOVI**



Effects of **BRAFTOVI** and **MEKTOVI**
on
other medicinal agents



DRUG-DRUG INTERACTIONS^{1,2}

Effects of other medicinal products
on
BRAFTOVI and **MEKTOVI**

Effects of **BRAFTOVI** and **MEKTOVI**
on
other medicinal agents

	Effect on	Co-administration	Examples
Strong CYP3A4 inhibitors	BRAFTOVI	Increase BRAFTOVI exposure and potentially increase toxicity Concomitant administration should be avoided If unavoidable, carefully monitor safety	ritonavir, itraconazole, clarithromycin, telithromycin, posaconazole, grapefruit juice
Moderate CYP3A4 inhibitors		Increase BRAFTOVI exposure Co-administer with caution and carefully monitor safety	amiodarone, erythromycin, fluconazole, diltiazem, amprenavir, imatinib
Strong CYP3A4 inducers		May reduce BRAFTOVI exposure and result in compromised efficacy Alternative agents with no to moderate CYP3A induction potential should be considered	carbamazepine, rifampicin, phenytoin, St. John's wort
UGT1A1 inducers	MEKTOVI	Co-administer with caution	rifampicin, phenobarbital
UGT1A1 inhibitors		Co-administer with caution	indinavir, atazanavir, sorafenib
CYP1A2 inducers		May decrease MEKTOVI exposure and could result in decreased efficacy	carbamazepine, rifampicin
Pgp transport inducers		May decrease MEKTOVI exposure and could result in decreased efficacy	St. John's wort, phenytoin



DRUG-DRUG INTERACTIONS^{1,2}



Effects of other medicinal products
on
BRAFTOVI and **MEKTOVI**

Effects of **BRAFTOVI** and **MEKTOVI**
on
other medicinal agents

	Effect on	Co-administration	Examples
BRAFTOVI	CYP3A4 substrates	May result in loss of efficacy of CYP3A4 substrates If unavoidable, adjust the dose of these substrates	hormonal contraceptives
	UGT1A1 substrates	UGT1A1 substrates may have increased exposure Co-administer with caution	raltegravir, atorvastatin, dolutegravir
	Transporter substrates (of renal transporters OAT1 , OAT3 , OCT2 ; hepatic transporters OATP1B1 , OATP1B3 , OCT1 ; BCRP and Pgp)	May result in increased exposure of these substrates Co-administer with caution	furosemide, penicillin, atorvastatin, bosentan, methotrexate, rosuvastatin, posaconazole
MEKTOVI	CYP1A2 substrates	Co-administer sensitive substrates with caution	duloxetine, theophylline
	OAT3 substrates	Co-administer sensitive substrates with caution	pravastatin, ciprofloxacin



RECOMMENDATIONS ON MONITORING PATIENTS PRIOR TO TREATMENT^{1,2}

Monitoring at treatment initiation and during treatment helps ensure optimal adverse reaction management.

Prior to treatment



Blood tests including complete blood cell counts
Liver laboratory tests



Blood pressure



Dermatologic evaluations



Head and neck examination



Chest / abdomen CT scan



Anal and pelvic examinations (for women)



Echocardiogram / MUGA scan (LVEF)



Ophthalmologic evaluation



ECG (QT prolongation)



SAFETY PROFILE OF THE COMBINATION^{1,2}

Very common	Common	Uncommon		Very common	Common	Uncommon
Eye disorders				Skin and subcutaneous disorders		
Visual impairment ^a RPED ^a	Uveitis ^a	×		Hyperkeratosis ^a Rash ^a Dry skin ^a Pruritus ^a Alopecia ^a	Dermatitis acneiform ^a PPES Erythema ^a Panniculitis ^a Photosensitivity ^a	×
Cardiac disorders				Neoplasms benign, malignant, & unspecified		
×	LVD ^b	×		×	Basal cell carcinoma ^a Skin papilloma ^a cuSCC ^c	×
Renal and urinary disorders				Blood and lymphatic system disorders		
×	Renal failure ^a	×		Anaemia	×	×
Vascular disorders				Metabolism disorders		
Haemorrhage ^d Hypertension ^a	VTE ^e	×		×	×	Tumour lysis syndrome (frequency not known)

**The management of ARs may require dose reduction, temporary interruption, or treatment discontinuation.
For more information please refer to the SmPCs or the treatment follow-up guide.**

^a Composite terms which included more than one preferred term.

^b Includes left ventricular dysfunction, ejection fraction decreased, cardiac failure, and ejection fraction abnormal.

^c Includes keratoacanthoma, squamous cell carcinoma, lip squamous cell carcinoma, and squamous cell carcinoma of the skin.

^d Includes haemorrhage at various sites including cerebral haemorrhage.

^e Includes pulmonary embolism, deep vein thrombosis, embolism, thrombophlebitis, superficial thrombophlebitis, and thrombosis.

AR, adverse reaction; cuSCC, cutaneous squamous cell carcinoma; LVD, left ventricular dysfunction; PPES, palmoplantar erythrodysesthesia syndrome; RPED, retinal pigment epithelial detachment; VTE, venous thromboembolism.

Please see the Summaries of Product Characteristics



SAFETY PROFILE OF THE COMBINATION^{1,2}

Very common

Common

Uncommon

Investigations

Blood creatine phosphokinase increased
γ-glutamyl transferase increased^a
Transaminase increased^a

Blood alkalinephosphatase increased
Blood creatinine increased^a
Amylase increased
Lipase increased



Gastrointestinal disorders

Nausea
Vomiting^a
Constipation
Abdominal pain^a
Diarrhoea^a

Colitis^f

Pancreatitis^a

Musculoskeletal and connective tissue disorders

Arthralgia^a
Pain in extremity
Back pain
Muscular disorders/myalgia^g



Rhabdomyolysis



Very common

Common

Uncommon

Immune system disorders



Hypersensitivity^h



Nervous system disorders

Neuropathy peripheral^a
Dizziness^a
Headache^a

Dysgeusia^a

Facial paresisⁱ

General disorders and administration site conditions

Fatigue^a
Pyrexia^a
Peripheral oedema^j



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^a Composite terms which included more than one preferred term.

^f Includes colitis, ulcerative colitis, enterocolitis, and proctitis.

^g Includes myalgia, muscular weakness, muscle spasm, muscle injury, myopathy, and myositis.

^h Includes angioedema, drug hypersensitivity, hypersensitivity, hypersensitivity vasculitis, and urticaria.

ⁱ Includes facial nerve disorder, facial paralysis, and facial paresis.

^j Includes fluid retention, peripheral oedema, and localised oedema.

AR, adverse reaction.

Please see the Summaries of Product Characteristics



PREVIOUS PAGE

**BRAFTOVI + MEKTOVI IS AVAILABLE IN SEVERAL DOSAGE FORMS AND STRENGTHS^{1,2}**

 **BRAFTOVI[®]** (encorafenib) is supplied as 75 mg and 50 mg capsules



BRAFTOVI[®] 75 mg is available in packs of 42x1 capsules (7 peelable blisters of 6 capsules each) for patients treated at full dose or undergoing dose reduction at 300 mg and 225 mg.



BRAFTOVI[®] 50 mg is available in packs of 28x1 capsules (7 peelable blisters of 4 capsules each) for patients undergoing dose reduction at 100 mg.

 **MEKTOVI[®]** (binimetinib) is supplied as 15 mg tablets



MEKTOVI[®] is available in packs of 84 tablets (7 blisters of 12 tablets each) for patients treated with MEKTOVI[®] at any dose. MEKTOVI[®] contains lactose. Patients with rare hereditary problems of galactose intolerance, total lactase deficiency, or glucose-galactose malabsorption should not take MEKTOVI[®].

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BRAFTOVI + **MEKTOVI**
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REFERENCES

1. BRAFTOVI Summary of Product Characteristics. Pierre Fabre Médicament, 2024.
2. MEKTOVI Summary of Product Characteristics. Pierre Fabre Médicament, 2024.
3. Pinter M, Trauner M, Peck-Radosavljevic M, Sieghart W. Cancer and liver cirrhosis: implications on prognosis and management. ESMO Open. 2016;1(2)e000042. eCollection 2016.
4. Vilstrup H, Amodio P, Bajaj J, et al. Hepatic encephalopathy in chronic liver disease: 2014 practice guideline by the American Association for the Study of Liver Diseases and the European Association for the Study of the Liver. Hepatology. 2014;60(2):715-735.

THERAPY MANAGEMENT GUIDE

BRAFTOVI + **MEKTOVI**
(encorafenib) (binimetinib)

FOLLOW UP

MONITOR
patients for
optimal treatment

MANAGE
adverse reactions with
dose modifications

INDICATION BRAFTOVI (encorafenib) in combination with MEKTOVI (binimetinib) is indicated for the treatment of adult patients with unresectable or metastatic melanoma with a BRAF^{V600E} mutation.

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Also available

A guide to optimize your patients
treatment follow up
with BRAFTOVI + MEKTOVI

Contact your local Pierre Fabre representative for more information