Mass General Brigham
Health Plan

Gomekli (mirdametinib)
Effective 09/01/2025

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview
Gomekli (mirademetinib) is a kinase inhibitor indicated for the treatment of adult and pediatric patients 2 years of age and older with neurofibromatosis type 1 (NF1) who have symptomatic plexiform neurofibromatosis (PN) not amenable to complete resection.

Koselguo (selumetinib) is another kinase inhibitor indicated for the treatment of pediatric patients 2 years of age and older with neurofibromatosis type 1 (NF1) who have symptomatic inoperable plexiform neurofibromas (PN).

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted when all of the following criteria are met:

1. Diagnosis of neurofibromatosis type 1 (NF1)
2. Member has symptomatic plexiform neurofibromas (PN) not amenable to resection
3. Member meets ONE of the following:
    a. Member meets BOTH of the following
        i. Member is 2-17 years of age
        ii. Member has had an inadequate response, adverse reaction, or contraindication to Koselugo
    b. Member is 18 years of age or older
4. Member will not use the requested medication in combination with Koselugo

<u>Continuation of Therapy</u>
Requests for reauthorization will be approved when the following criteria are met:

1. Member has not experienced disease progression or unacceptable toxicity while on the requested medication.
2. Member will not use the requested medication in combination with Koselugo.

Limitations

1. Initial approvals and reauthorizations will be approved for 12 months.

2. The following quantity limitations apply:

Drug Name and Dosage Form	Quantity Limit
Gomekli 1mg tablet for suspension	168 tablets per 28 days
Gomekli 1 mg capsule	42 capsules per 28 days
Gomekli 2 mg capsule	84 capsules per 28 days

References

1. Gomekli (mirdametinib) [prescribing information]. Stamford, CT: SpringWorks Therapeutics, Inc.; February 2025.
2. Koselugo (selumetinib) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals, LP; January 2024.

Review History

06/11/2025 – Reviewed at June P&T. Effective 09/01/2025.