AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Gomekli	Page:	1 of 2
Effective Date:	3/31/2025	Last Review Date:	3/2025

Applies to:	☒Illinois	☐Florida	☐Michigan
	☒New Jersey	☒Maryland	☒Florida Kids
	☒Pennsylvania Kids	☐Virginia	☐Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Gomekli under the patient's prescription drug benefit.

Description:

Indications

FDA-approved Indications

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

Applicable Drug List:

Gomekli

Policy/Guideline:

Coverage Criteria

Neurofibromatosis type 1[1]

Authorization of 12 months may be granted for treatment of neurofibromatosis type 1 (NF1) when the member has symptomatic plexiform neurofibromas (PN) not amenable to complete resection.

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the Coverage Criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Level Limit:

- Gomekli (mirdametinib) 1 mg capsules: 42 capsules per 28 days
- Gomekli (mirdametinib) 2 mg capsules: 84 capsules per 28 days
- Gomekli (mirdametinib) 1 mg tablets for oral suspension: 168 tablets per 28 days

References:

1. Gomekli [package insert]. Stamford, CT: SpringWorks Therapeutics, Inc.; February 2025.