MEDICINE INFORMATION

Encorafenib + binimetinib (Braftovi and Mektovi)

Information for patients and caregivers about encorafenib + binimetinib: treatment, monitoring, side effects and everyday care.

Encorafenib + binimetinib at a glance

Encorafenib and binimetinib are targeted medicines used together for selected cancers with a BRAF gene change. Encorafenib, known as Braftovi, blocks BRAF; binimetinib, known as Mektovi, blocks MEK. Both are taken by mouth. Their schedules differ: encorafenib is usually once daily and binimetinib twice daily. This guide concerns this two-drug combination, not encorafenib combined with other medicines.

Taking treatment at home still requires regular cancer-clinic care. Blood tests, heart checks, skin assessment and reporting new symptoms all help keep treatment safe. Keep a current prescription list and the cancer team's 24-hour telephone number nearby. Eye changes, severe muscle symptoms, bleeding and breathlessness deserve particularly prompt attention.

How encorafenib + binimetinib works

BRAF and MEK are parts of a signalling pathway that helps cells grow and divide. Certain BRAF changes can keep this pathway active when it should be regulated. Encorafenib blocks altered BRAF and binimetinib blocks a later step, MEK. Using the pair can interrupt growth signalling more effectively in the cancers for which the combination is appropriate.

These drugs are not immune checkpoint inhibitors. They can affect healthy tissues as well as cancer, so targeted treatment can still produce important side effects. The aim may be to shrink cancer or keep it controlled. Your team will judge benefit through symptoms, examination and scans, rather than how many side effects you experience.

How the team decides whether it is suitable

A laboratory test must confirm an appropriate BRAF change. The evidence and regulatory wording differ by cancer: BRAF V600E and V600K are relevant in melanoma, whereas the lung-cancer indication concerns BRAF V600E. Ask the team to explain the exact result on your report. A different BRAF change, or a BRAF result in another cancer, does not automatically establish suitability.

The team also considers prior treatment, heart function, eye or retinal disease, liver and kidney function, blood pressure, clotting or bleeding history, and other medicines. Availability, approvals and treatment pathways differ between countries. This guide does not establish an Indian licence or funding entitlement, and it does not describe the separate encorafenib combinations used in colorectal cancer.

Approved uses by country

FDA (United States), EMA (European Union) and CDSCO (India).

Each treatment use is listed once. Eligibility can differ by country.

Approved by FDA and EMA

Advanced BRAF V600-mutated melanoma

- **US (FDA).** Melanoma that cannot be removed or has spread with a BRAF V600E or V600K mutation. With binimetinib. An FDA-authorised test must confirm the mutation.
- **EU (EMA).** Melanoma that cannot be removed or has spread with a BRAF V600 mutation. With binimetinib for adults.

Advanced BRAF V600E-mutated non-small-cell lung cancer

- **US (FDA).** Metastatic non-small cell lung cancer with a BRAF V600E mutation. With binimetinib in adults. An FDA-authorised test must confirm the mutation.
- **EU (EMA).** Advanced non-small cell lung cancer with a BRAF V600E mutation. With binimetinib for adults.

Before treatment starts

Expect a review of your medical history and a complete medicine list, including supplements, traditional remedies and medicines used only occasionally. Tell the team if you have had fainting, an abnormal heart rhythm, heart failure, a blood clot, retinal vein blockage, eye inflammation, muscle disease or liver problems. Pregnancy testing and fertility discussion are arranged when relevant.

Baseline tests usually include blood counts, liver and kidney function, electrolytes and creatine kinase, also called CK, which can rise with muscle injury. Heart pumping function is assessed with an echocardiogram or similar test. An ECG may be needed to assess the heart's electrical rhythm. The team examines the skin and records existing symptoms.

Before going home, check that you can distinguish the capsule from the tablet and understand the number required for each dose. Ask what to do if one medicine is unavailable, a dose is missed, or swallowing becomes difficult. Agree how to obtain the next supply and whom to contact between scheduled appointments.

How to take encorafenib + binimetinib

Daily schedule and food

Encorafenib is usually taken once daily and binimetinib twice daily, approximately 12 hours apart. A usual adult starting regimen for this pair is encorafenib 450 mg daily with binimetinib 45 mg twice daily, but the prescription can be reduced or adjusted. Your written instructions determine the number of capsules or tablets. Do not transfer the dose from another encorafenib regimen.

Both medicines can be taken with or without food. Swallow them with water at consistent times. If taking them with food helps your routine, that is generally acceptable. Avoid grapefruit and grapefruit juice because they can change encorafenib exposure. Tell the pharmacist about swallowing difficulty before opening or dispersing anything.

Swallowing difficulties and missed doses

Specialist preparation methods exist for some products, but instructions vary between sources and formulations. A pharmacist must confirm whether your exact capsule may be opened or tablet dispersed, the liquid or food to use, and how promptly to take it. Do not improvise a feeding-tube method or crush tablets on advice intended for another brand.

Skip a missed encorafenib dose if the next dose is within 12 hours. For binimetinib, the cutoff is six hours. Never take two doses together to compensate. If you vomit after taking either medicine, do not replace that dose. Repeated vomiting or uncertainty about the timing should prompt a call to the team.

Storage and supply

Keep medicines in their original packaging, following the pack's temperature and moisture instructions. Protect them from children and pets. Do not share them. In hot weather, ask the pharmacy how to transport and store the supply safely; a parked car or sunny windowsill is unsuitable. Return unwanted medicine using the pharmacy's disposal arrangements.

Monitoring and checking response

Regular tests check liver function, kidney function, blood chemistry and muscle enzymes. The US binimetinib label specifies liver tests before treatment and monthly during treatment, with additional checks when needed. Blood pressure and symptoms are reviewed. Heart pumping function is commonly reassessed about one month after starting and then every two to three months, with additional tests if needed. Skin checks continue during treatment and may continue for months afterwards. The exact schedule is personalised.

Tell the team about exercise-related muscle soreness before a CK test, but never assume a raised result is harmless. Likewise, a scan showing stable cancer does not remove the need for safety monitoring. Keep a short record of bowel frequency, nausea, new visual symptoms, muscle weakness and doses taken. Record the date a symptom began and how it affects normal activities.

Blood tests can show a fall in neutrophils, the white blood cells that help fight infection. Call your 24-hour treatment number if you have a fever, shaking chills or suddenly feel unwell. Follow your own hospital’s fever instructions.

Common side effects and practical care

Nausea, diarrhoea and appetite

Nausea, vomiting, diarrhoea, abdominal discomfort and reduced appetite can occur. Use prescribed anti-sickness medicine and ask for help if it is ineffective. Small, frequent meals may be easier than large ones. With diarrhoea, drink regularly unless you have a fluid restriction and record the number of stools compared with your usual pattern.

Contact the team early if symptoms persist or interfere with eating and drinking. Severe pain, blood in the stool, faintness or reduced urine needs urgent assessment rather than only an anti-diarrhoea medicine. Constipation can also occur, sometimes worsened by supportive medicines; ask for an appropriate bowel plan instead of alternating treatments without guidance.

Tiredness, aches and skin changes

Fatigue, joint pain, muscle aches, headache, dry skin, itching or rash can affect daily life. Balance activity with rest, use gentle skin care and tell the team about symptoms that limit walking, sleep or self-care. Comfortable shoes and moisturiser may help sore palms or soles, but painful cracking or worsening redness warrants review.

Swelling, especially in the legs, should be described rather than assumed to be an ordinary side effect. Note whether it affects one side or both and whether there is pain or breathlessness. These details help the team decide whether urgent assessment is necessary.

Important side effects to recognise

Eyes and vision

Binimetinib can cause fluid-related changes behind the retina and, rarely, blockage of a retinal vein. Eye inflammation can also occur with the combination. Blurred vision, altered colour vision, eye pain, halos, light sensitivity or a new dark patch in sight needs immediate contact with the team. Do not drive while vision is affected. Sudden major loss of vision requires emergency assessment.

Muscle injury, heart effects and clots

Severe muscle pain or weakness, especially with dark urine or reduced urine, may indicate muscle breakdown and kidney injury. Contact the team urgently. This is different from mild familiar aching after ordinary activity. Heart pumping weakness and electrical-rhythm changes are also possible. Report new breathlessness, palpitations, swollen ankles or fainting promptly.

A painful swollen leg can indicate a clot. Sudden chest pain, severe breathlessness, coughing blood or collapse needs emergency care. Do not massage a newly swollen painful leg or delay assessment because your next appointment is soon.

Bleeding, liver problems and lung inflammation

Significant bleeding, including internal bleeding, can occur. Vomiting blood, black tar-like stools, a severe unfamiliar headache or stroke-like symptoms need emergency care. Report unusual bruising or recurrent nosebleeds as well. Yellow eyes, very dark urine, persistent upper abdominal pain or marked loss of appetite can indicate liver problems.

Severe persistent abdominal pain, especially with vomiting, also needs urgent assessment because pancreatic or bowel inflammation can occur.

New cough, fever or breathlessness may reflect infection, lung inflammation or another serious condition. Fever should be reported using the team's advice-line threshold. A previous mild episode does not establish the cause of a new one.

New skin cancers

Some people develop new skin growths, including skin cancers, during BRAF-inhibitor treatment. Report a new wart-like growth, a sore that does not heal, or a changing mole. Regular examination helps identify changes early. A new skin lesion does not automatically mean the original cancer has spread, but it needs assessment.

When to get urgent medical help

Urgent help: Contact your cancer team's 24-hour number for new eye symptoms, substantial muscle weakness, dark or reduced urine, persistent vomiting or diarrhoea, new cough or breathlessness, fever, chills or feeling acutely unwell. Follow the temperature threshold in your own plan; do not wait for a high reading when you feel seriously ill.

Seek emergency care for severe breathing difficulty, chest pain, collapse, sudden major visual loss, stroke-like symptoms, heavy bleeding, vomiting blood, black stools with faintness, or severe persistent abdominal pain. Use your locally available emergency service or the nearest emergency department. Tell staff both medicine names and when you last took them. If symptoms are severe and your team is unavailable, go directly for assessment.

Other medicines and vaccinations

Encorafenib has important interactions involving liver enzymes, particularly CYP3A4. Some antibiotics, antifungals, epilepsy medicines, HIV medicines and herbal products can raise or lower its level. Other medicines can increase the risk of abnormal heart rhythm. Your pharmacist should check the actual list, including nausea medicines and non-prescription products, before anything is changed. Avoid grapefruit.

Do not stop essential medicines independently. Tell any dentist, emergency clinician or new prescriber about this combination. Encorafenib can reduce the reliability of hormonal contraception. Discuss vaccine type and timing with the team, particularly if you also receive steroids or another treatment affecting immunity. A vaccination decision should consider your complete treatment plan rather than this drug pair in isolation.

Everyday life during treatment

A clear morning-and-evening chart can help because only one drug is taken twice daily. Ask a family member to check the chart with you if there are several strengths or a recent dose change. Cross out the old instructions when the team provides a new prescription. Keeping an old dose chart beside a new medicine pack can create avoidable confusion.

You may be able to continue work and gentle activity, adjusting to fatigue and symptoms. Avoid driving when dizzy or when vision changes. Discuss travel before booking, including access to urgent eye care, blood tests, storage and extra supply. Carry the medicines in their labelled packaging. Emotional strain and uncertainty about scans are also valid reasons to ask for support from the team or a counsellor.

Fertility, pregnancy and breastfeeding

These medicines can harm a developing baby. If you could become pregnant, discuss pregnancy prevention before treatment and contact the team promptly if pregnancy is possible. Encorafenib can make hormonal contraception less effective, so a reliable non-hormonal method is needed. For the combination, pregnancy prevention must cover the longer requirement: at least 30 days after the last binimetinib dose under US information, while also meeting the encorafenib interval. European information specifies at least one month after either medicine; use the later calendar date advised by your team. The team should document your exact end date.

Do not breastfeed during treatment. The US encorafenib label advises waiting two weeks after its last dose; binimetinib advises three days. Follow whichever interval is later for your actual stopping dates and any longer local instruction. Fertility can be affected, particularly male fertility with encorafenib. Ask about preservation options before starting if future parenthood matters to you.

After a pause or the end of treatment

The two medicines must be managed as a linked regimen. If binimetinib is paused, encorafenib may need a dose adjustment; if encorafenib is paused, binimetinib may also need to stop. These decisions depend on the problem and the label being followed. Do not continue an unchanged dose of one drug just because the other ran out or was held. Contact the team for a written plan.

A supervised pause or reduction can make continued treatment possible. Ask who will review the tests, what symptoms must improve and who will authorise restarting. Continue scheduled skin checks and other follow-up after stopping. Keep the final dose dates because contraception, breastfeeding and interaction advice may depend on them. Return unused medicines appropriately.

Frequently asked questions

1. Are Braftovi and Mektovi interchangeable?

No. Braftovi contains encorafenib and Mektovi contains binimetinib. They block different targets and have different schedules. A pharmacy supply issue with one does not mean you should take more of the other. Call the team for instructions.

2. Why does the exact BRAF change matter?

The evidence applies to particular changes in particular cancers. Melanoma use includes V600E and V600K; lung-cancer use concerns V600E. Ask to see the written result rather than assuming any BRAF-positive report means the same thing.

3. Is this the encorafenib treatment used for bowel cancer?

This guide covers encorafenib with binimetinib. Encorafenib regimens for colorectal cancer use different partners and may use a different dose. Do not follow their instructions for this combination or assume the medicines can be substituted.

4. Must I fast before the capsules and tablets?

No, this pair can generally be taken with or without food. Consistent times may make remembering easier. This differs from some other BRAF/MEK combinations, so ask for a fresh schedule if you switch treatment.

5. Why is one medicine once daily and the other twice daily?

Their prescribed schedules reflect how each medicine is used safely and effectively. Combining all daily tablets into one morning dose changes the prescription. Keep the second binimetinib dose approximately 12 hours after the first unless instructed otherwise.

6. What if I cannot swallow the medicines?

Contact the pharmacist. Some specialist preparation methods are available, but they must match your exact product. Do not open a capsule, dissolve a tablet or put a mixture through a feeding tube without checked instructions.

7. How do the missed-dose rules differ?

For encorafenib, skip the missed dose when the next dose is within 12 hours. For binimetinib, the interval is six hours. Never double either dose. Ask the pharmacist if borderline timing or several missed doses makes the plan unclear.

8. Should I take another dose after being sick?

No. You cannot reliably judge what was absorbed. Take the next dose at the usual time unless the team advises otherwise. Repeated vomiting, dehydration or inability to keep fluids down needs a call rather than repeated attempts to take treatment.

9. Can grapefruit really affect treatment?

Yes. Grapefruit can increase encorafenib levels and side effects through an interaction with drug processing. Avoid grapefruit and its juice. Ask the pharmacist about unfamiliar supplements or mixed fruit products rather than assuming a small quantity is harmless.

10. Why is CK included in my blood tests?

CK is an enzyme that can increase when muscles are injured. Binimetinib can affect muscle tissue. The team interprets the result alongside symptoms and kidney tests; severe weakness or dark urine needs urgent advice even before the next blood test.

11. Are mild aches and muscle breakdown the same thing?

No. Mild aches may be manageable, while severe pain, new weakness, dark urine or reduced urine is more concerning. Describe the change from your normal function, such as difficulty rising from a chair, instead of simply saying you feel tired.

12. Does blurred vision need an optician appointment first?

Contact the cancer team immediately so they can arrange the appropriate urgent eye assessment. Treatment-related retinal or inflammatory problems may need a specialist. Do not wait several weeks for routine spectacles testing. Sudden major visual loss is an emergency.

13. Why do I have both an ECG and a heart scan?

An ECG assesses electrical rhythm; an echocardiogram assesses structure and pumping. They answer different questions. A normal result from one does not replace the other when both are needed for your situation. Report faintness, palpitations or breathlessness between checks.

14. Can I keep taking encorafenib if binimetinib is held?

Only under explicit instructions. The encorafenib dose may need to change when binimetinib stops. A written plan should identify both medicines, their doses and the review date so a temporary hold does not become an unintended new regimen.

15. Does a skin growth mean the treatment has failed?

Not necessarily. New skin lesions can arise separately from the original cancer and need their own assessment. Show the team any persistent sore, new wart-like growth or changing mole. Do not remove or treat it yourself before it is examined.

16. Is there the same fever plan as dabrafenib and trametinib?

Do not automatically transfer another combination's plan. Fever needs prompt advice, but holding and restarting instructions should be specific to encorafenib and binimetinib. Ask for an updated plan when switching between BRAF/MEK treatments.

17. Can I rely on hormonal contraception?

Encorafenib can reduce its effectiveness. Obtain a non-hormonal contraception plan before treatment and confirm when precautions can end. For this pair, US binimetinib's 30-day interval is longer than US encorafenib's two-week interval if both stop together. European information requires at least one month after either drug, so follow your team's written end date.

18. Will fewer side effects mean less benefit?

No. Side-effect intensity is not a reliable measure of cancer response. The team uses clinical review and scans. Report troublesome effects honestly; tolerating them silently does not make treatment more effective.

19. Can a holiday cause a treatment break?

Do not plan an unsupervised break. Discuss travel, medicine supply, temperature protection and monitoring with the team beforehand. If a delay or lost bag interrupts supply, contact the team before continuing only one medicine or borrowing another person's tablets.

20. What should I take to urgent care?

Take a medicine list, the last-dose times, your treatment contact details and a short description of symptoms. Mention this is a BRAF/MEK combination. Do not delay emergency care to find packaging or wait for a routine callback when symptoms are severe.

Individual medicine guides

- Encorafenib

Sources and review information

Sources checked: 8 October 2026. Read with your prescribed product leaflet and your hospital’s treatment plan.

Macmillan: Encorafenib and binimetinib

Cancer Research UK: Encorafenib and binimetinib

DailyMed: Braftovi US prescribing information

DailyMed: Mektovi US prescribing information

EMA: Braftovi product information

EMA: Mektovi product information

Regulatory references

- FDA prescribing information for Braftovi
- FDA prescribing information for Mektovi
- EMA safety review on low neutrophils with encorafenib and binimetinib

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