



Mekinist

**Express Scripts
Prior Authorization
Phone 1-844-424-8886
Fax 1-877-251-5896**

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: medicarepartdparequests@express-scripts.com

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:

Medication:	Diagnosis:
-------------	------------

SECTION A Please answer the following questions

1. Yes No Is the member currently taking the requested medication?
2. Yes No Will Mekinist be used as follows:
 - In combination with Tafinlar? → answer question 4
 - As a single agent? → answer question 3
3. Yes No Is the indication or diagnosis for the treatment of BRAF-inhibitor treatment-naïve patients with unresectable or metastatic melanoma with BRAF V600E or V600K mutations? → answer question 10
4. Yes No Is the indication or diagnosis for the treatment of unresectable or metastatic melanoma with BRAF V600E or V600K mutation? → answer question 10
5. Yes No Is the indication or diagnosis for the treatment of metastatic non-small cell lung cancer (NSCLC) with BRAF V600E mutation? → answer question 10
6. Yes No Is the diagnosis or indication for the treatment of patients with locally advanced or metastatic anaplastic thyroid cancer (ATC) with BRAF V600E mutation and with no satisfactory locoregional treatment options? → answer question 11
7. Yes No Is the diagnosis or indication for the adjuvant treatment of patients with melanoma with BRAF V600E or V600K mutations and involvement of lymph node(s), following complete resection? → answer question 10

8. Yes No Is the diagnosis or indication for the treatment of unresectable or metastatic solid tumors with BRAF V600E mutation who have progressed following prior treatment and have no satisfactory alternative options? → *answer question 11*
9. Yes No Is the diagnosis or indication for the treatment of low-grade glioma (LGG) with a BRAF V600E mutation requiring systemic therapy? → *answer question 11*
10. Yes No Was BRAF V600E or V600K mutation detected by an FDA-approved test (e.g. the THxID BRAF kit, Oncomine Dx Target Test, etc.)?
11. Yes No Is the prescription written or recommended by an Oncologist?
12. Yes No Does the member have colorectal cancer, interstitial lung disease or pneumonitis?
13. Yes No Will an ophthalmologic evaluation be performed prior to the initiation of Mekinist?
14. Yes No Will a left ventricular ejection fraction via ECHO or MUGA be obtained prior to the initiation of Mekinist?

Please document the symptoms and/or any other information important to this review:

SECTION B Physician Signature

PHYSICIAN SIGNATURE

DATE

FAX COMPLETED FORM TO: 1-877-251-5896

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.villagehealthca.com>