



Zelboraf

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](mailto: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:
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**SECTION A** Please answer the following questions

1.  Yes  No Is the indication or diagnosis for treatment of patients with unresectable or metastatic melanoma with BRAFV600E mutation?
2. Is the indication or diagnosis for the treatment of patients with Erdheim-Chester Disease with BRAF V600 mutation?

3. If **No** to the above, what is the diagnosis or indication?

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4.  Yes  No Is the member currently taking the requested medication?
5.  Yes  No Has BRAFV600E mutation been confirmed by an FDA-approved test (e.g., cobas 4800 BRAF V600 Mutation Test)?
6.  Yes  No Is the prescription written or recommended by an oncologist or hematologist?
7.  Yes  No Does the member have wild-type BRAF melanoma?
8.  Yes  No Does the member have uncorrectable electrolyte abnormalities or long QT syndrome?

9.  Yes  No Is the member taking medication(s) known to prolong the QT interval? *If no, skip question 9*
10.  Yes  No Will this/these medication(s) be discontinued when therapy with Zelboraf is initiated?
11.  Yes  No Is the member's QTc interval less than or equal to 500 milliseconds?
12.  Yes  No Has the member used Zelboraf previously? *If no, skip question 12*
13.  Yes  No Has the member experienced any of the following with the previous Zelboraf use: a) Common Terminology Criteria for Adverse Events v4.0 (CTC-AE) Grade 2 (Intolerable) or Grade 3: 3rd appearance; OR b) Common Terminology Criteria for Adverse Events v4.0 (CTC-AE) Grade 4: 2nd appearance?
14.  Yes  No Are the following tests being performed prior to the initiation of Zelboraf: a) Dermatologic evaluation; b) Baseline electrocardiogram (ECG) and electrolytes (i.e., potassium, magnesium, and calcium) AND c) Liver enzymes (transaminases and alkaline phosphatase) and bilirubin?

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

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**SECTION B** Physician Signature

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PHYSICIAN SIGNATURE

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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>