

# Priority Health Medicare prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to:  Medicare Part B  Medicare Part D  
 This request is:  Expedited request  Standard request

Your request will be expedited if you haven't gotten the prescription and Priority Health Medicare determines, or your prescriber tells us, that your life or health may be at risk by waiting.

## Cotellic<sup>®</sup> (cobimetinib)

### Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Primary Care Physician: \_\_\_\_\_  
 Requesting Provider: \_\_\_\_\_ Prov. Phone: \_\_\_\_\_ Prov. Fax: \_\_\_\_\_  
 Provider Address: \_\_\_\_\_  
 Provider NPI: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Product Information

New Request  Continuation Request  
 Drug product:  Cotellic 20 mg tablet  
 Start date (or date of next dose): \_\_\_\_\_  
 Date of last dose (if applicable): \_\_\_\_\_  
 Dosing frequency: \_\_\_\_\_

### Precertification Requirements

The following requirements need to be met before this drug is covered by Priority Health Medicare. These requirements have been approved by the Centers for Medicare and Medicaid Services (CMS), but you may ask us for an exception if you believe one or more of these requirements should be waived.

1. Diagnosis of unresectable or metastatic BRAF<sup>V600E</sup> or BRAF<sup>V600K</sup> mutation-positive melanoma
  - Confirmation of mutation detected using an FDA-approved test, such as cobas<sup>®</sup> 4800 BRAFv600 Mutation Test
  - Must be used in combination with Zelboraf
2. Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 2

### Medically accepted indication

This drug is only covered under Medicare Part D when it is used for a medically accepted indication. A medically accepted indication is a use of the drug that is *either*:

- approved by the Food and Drug Administration. (That is, the Food and Drug Administration has approved the drug for the diagnosis or condition for which it is being prescribed.)
- — or — supported by certain reference books. (These reference books are the American Hospital Formulary Service Drug Information and the DRUGDEX Information System.)

**Priority Health Precertification Documentation**

**A. What is the patient's diagnosis?**

- unresectable or metastatic melanoma
  - BRAF<sup>V600E</sup> mutation-positive melanoma confirmed by laboratory testing
  - BRAF<sup>V600K</sup> mutation-positive melanoma confirmed by laboratory testing
  - wild-type disease
- Other, the patient's condition is: \_\_\_\_\_

**B. Will the patient being Cotellic in combination with Zelboraf?**

- Yes
- No; rationale: \_\_\_\_\_

**C. What is the patient's ECOG performance status?**

- 0: Fully active, able to carry on all pre-disease performance without restriction
- 1: Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature (e.g. light house work, office work)
- 2: Ambulatory and capable of all self-care but unable to carry out any work activities; up and about more than 50% of waking hours
- 3: Capable of only limited self-care, confined to bed or chair more than 50% of waking hours
- 4: Completely disabled; cannot carry on any self-care; totally confined to bed or chair

**Priority Health Medicare exception request**

**Do you believe one or more of the prior authorization requirements should be waived?**  Yes  No  
 If yes, you must provide a statement explaining the medical reason why the exception should be approved.

**Would Cotellic likely be the most effective option for this patient?**

Yes  No  
 If yes, please explain why: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If the patient is currently using Cotellic, would changing the patient's current regimen likely result in adverse effects for the patient?**

Yes  No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_