PriorityHealth

Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: ☒ **Commercial (Traditional)** ☒ **Commercial (Individual/Optimized)** ☐ **Medicaid**

This request is: ☐ **Urgent** (life threatening) ☐ **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function

Mekinist™ (trametinib)

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: ☐ Mekinist 0.5 mg tablet ☐ Mekinist 2 mg tablet

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

Oral oncology partial fill program

Each fill of Mekinist is limited to a 14-day supply at any network pharmacy. Patients are responsible for applicable deductable and copayments.

Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Must have one of the following diagnoses and meet the corresponding criteria:
   A. Malignant melanoma
      - Unresectable or metastatic, $BRAF^{V600}$ mutation-positive disease as detected by an FDA-approved test
      - As adjuvant treatment in combination with Tafinlar (dabrafenib) for $BRAF^{V600}$ mutation-positive disease (as detected by an FDA-approved test) with lymph node involvement and following complete resection

   B. Metastatic non-small cell lung cancer (NSCLC)
      - In combination with Tafinlar (dabrafenib) for $BRAF^{V600E}$ mutation-positive disease as detected by an FDA-approved test

   C. Locally advanced or metastatic anaplastic thyroid carcinoma
      - In combination with Tafinlar (dabrafenib) for $BRAF^{V600E}$ mutation-positive disease as detected by an FDA-approved test
      - No satisfactory locoregional treatment options

2. May not be used in patients who have been previously treated with a BRAF- or MEK-inhibitor therapy
3. Must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 to 2

All fields must be complete and legible for review. Your office will receive a response via fax. No changes made since 09/2018

Last reviewed 09/2018

Note: Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- ☐ Malignant melanoma ***(check all that apply)***
  - ☐ $BRAF^{V600}$ mutation-positive disease confirmed by an FDA-approved test
  - ☐ Wild-type (no BRAF mutation) disease
  - ☐ Unresectable or metastatic disease
  - ☐ With lymph node involvement following complete resection
- ☐ Metastatic Non-Small Cell Lung Cancer
  - ☐ $BRAF^{V600E}$ mutation-positive disease confirmed by an FDA-approved test
  - ☐ Wild-type (no BRAF mutation) disease
- ☐ Locally advanced or metastatic anaplastic thyroid carcinoma
  - ☐ $BRAF^{V600E}$ mutation-positive disease confirmed by an FDA-approved test
  - ☐ Wild-type (no BRAF mutation) disease
  - ☐ No satisfactory locoregional treatment options
- ☐ Malignant melanoma
  - ☐ $BRAF^{V600}$ mutation-positive disease confirmed by an FDA-approved test
  - ☐ Wild-type (no BRAF mutation) disease
- ☐ *Other – the patient's condition is:* _____

B. Will Mekinist be used as a single-agent or in combination?

- ☐ Single-agent
- ☐ Combination therapy with Tafinlar (dabrafenib)
- ☐ Combination therapy with *other – please list*: _____

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

D. Has the patient used any of the following therapies in the past?

- ☐ Tafinlar
- ☐ Zelboraf
- ☐ Mekinist
- ☐ Cotellic
- ☐ None of the above

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