



Cotellic

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: |
|-------------|------------|

| SECTION A |  | <u>Please answer the following questions</u>  |
|-----------|--|---|
| 1.        | <input type="radio"/> Yes <input type="radio"/> No | Is the member currently taking the requested medication?  |
| 2.        | <input type="radio"/> Yes <input type="radio"/> No | Is the diagnosis or indication for the treatment of unresectable or metastatic melanoma? <i>(if No, skip to question 6).</i>  |
| 3.        | <input type="radio"/> Yes <input type="radio"/> No | Does the patient have BRAF V600E or BRAF V600K mutation?  |
| 4.        | <input type="radio"/> Yes <input type="radio"/> No | Was the BRAF V600E or BRAF V600K mutation detected by an FDA-approved test?   |
| 5.        | <input type="radio"/> Yes <input type="radio"/> No | Will Cotellic be used in combination with Zelboraf (vemurafenib)?   |
| 6.        | <input type="radio"/> Yes <input type="radio"/> No | Is the diagnosis or indication for the treatment of histiocytic neoplasms?  |
| 7.        | <input type="radio"/> Yes <input type="radio"/> No | Will Cotellic be used as a single agent for the treatment of histiocytic neoplasms?   |
| 8.        | <input type="radio"/> Yes <input type="radio"/> No | Will a baseline of the following tests be performed prior to the initiation of Cotellic: a) liver function tests (LFTs), b) serum CPK, AND c) creatinine level?<br><i>If Yes, please document lab values:</i> |
| _____     |  |   |
| _____     |  |   |
| _____     |  |   |

- 9.  Yes     No    Will an ophthalmologic evaluation be performed prior to the initiation of Cotellic?
- 10  Yes     No    Does the patient have a baseline left ventricular ejection fraction (LVEF) greater than 50% that is confirmed by an appropriate methodology (for example, echocardiogram, MUGA, MRI, etc.)?
- 11  Yes     No    Is the prescription written or recommended by an Oncologist?
- 12  Yes     No    Will Cotellic be used concomitantly with strong or moderate CYP3A inducers (for example, carbamazepine, efavirenz, phenytoin, rifampin, etc.)?

***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.scanhealthplan.com>