Mektovi

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. θ Yes θ No Is the member currently taking the requested medication?
2. θ Yes θ No Is the diagnosis or indication for the treatment of unresectable or metastatic melanoma with a BRAF V600E or V600K mutation as detected by an FDA-approved test (for example, Oncomine Dx Target Test, etc.)?
3. θ Yes θ No Has the member used Cotellic or Mekinist prior to the initiation of Mektovi? ***(if YES, skip to question 6)***
4. θ Yes θ No Is the diagnosis or indication for the treatment of metastatic non-small cell lung cancer with a BRAF V600E mutation, as detected by an FDA approved test?
5. θ Yes θ No Has the member used Mekinist prior to the initiation of Mektovi?
6. θ Yes θ No Will the requested medication be used in combination with encorafenib (Braftovi)?
7. θ Yes θ No Will baseline LFTs, serum CPK, creatinine levels, and an ophthalmic evaluation be performed prior to the initiation of Mektovi (binimetinib)?

8. θ Yes θ No Is the prescription written or recommended by an oncologist?

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.scanhealthplan.com