CAREFIRST COMMERCIAL - NON-RISK - SPC
Mekinist SGM

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Patient Information

Patient Name:

Patient Phone: ☐☐☐-☐☐☐-☐☐☐☐

Patient ID:

Patient Group:

Patient DOB: ☐☐/☐☐/☐☐☐☐

Physician Information

Physician Name

Physician Phone: ☐☐☐-☐☐☐-☐☐☐☐

Physician Fax: ☐☐☐-☐☐☐-☐☐☐☐

Physician Addr.:

City, St, Zip:

Drug Name (select from list of drugs shown)

Mekinist

Quantity: _____ **Frequency:** _____ **Strength:** _____

Route of Administration: _____ **Expected Length of Therapy:** _____

Diagnosis: _____ **ICD Code:** _____

Comments: _____

_____

Please check the appropriate answer for each applicable question.

1. What is the patient's diagnosis?

Melanoma (If checked, go to 2)	☐
Non-small cell lung cancer, BRAF V600E mutation-positive (If checked, go to 2)	☐
Anaplastic thyroid cancer, BRAF V600E mutation-positive (If checked, go to 2)	☐
Glioma, BRAF V600 mutation-positive (If checked, go to 2)	☐
Meningioma, BRAF V600 mutation-positive (If checked, go to 2)	☐
Astrocytoma, BRAF V600 mutation-positive (If checked, go to 2)	☐
Brain cancer with neurofibromatosis type 1 (If checked, go to 2)	☐
Epithelial ovarian cancer, fallopian tube cancer, primary peritoneal cancer, carcinosarcoma (malignant mixed Mullerian tumors), clear cell carcinoma of the ovary, grade 1 endometrioid carcinoma, low-grade serous ovarian carcinoma/ovarian borderline epithelial tumors (low malignant potential) or mucinous carcinoma of the ovary (If checked, go to 2)	☐
Biliary tract cancers (gallbladder cancer, extrahepatic cholangiocarcinoma, intrahepatic cholangiocarcinoma) (If checked, go to 2)	☐
Histiocytic neoplasms (If checked, go to 2)	☐
Solid tumors, BRAF V600E mutation-positive (If checked, go to 2)	☐
Gastrointestinal Stromal Tumor (GIST), BRAF V600E mutation-positive (If checked, go to 6)	☐
Pancreatic adenocarcinoma, BRAF V600E mutation-positive (If checked, go to 2)	☐

Salivary gland tumors, BRAF V600E mutation-positive (If checked, go to 2) ☐

Gastric, Esophageal and Esophagogastric Junction Cancer, BRAF V600E mutation-positive (If checked, go to 2) ☐

Hairy cell leukemia (If checked, go to 2) ☐

Small bowel adenocarcinoma, BRAF V600E mutation-positive (If checked, go to 2) ☐

Thyroid cancer (papillary, oncocytic/Hurthle cell, or follicular) (If checked, go to 2) ☐

Other, please specify. (If checked, no further questions) _____

2. Is this a request for continuation of therapy with the requested medication? **Y** ☐ **N** ☐

3. Is there evidence of unacceptable toxicity or disease progression or recurrence while on the current regimen? **Y** ☐ **N** ☐

4. Is this request for the adjuvant treatment of cutaneous melanoma? **Y** ☐ **N** ☐

5. How many months of therapy has the patient received?

1 month (If checked, no further questions) ☐

2 months (If checked, no further questions) ☐

3 months (If checked, no further questions) ☐

4 months (If checked, no further questions) ☐

5 months (If checked, no further questions) ☐

6 months (If checked, no further questions) ☐

7 months (If checked, no further questions) ☐

8 months (If checked, no further questions) ☐

9 months (If checked, no further questions) ☐

10 months (If checked, no further questions) ☐

11 months (If checked, no further questions) ☐

12 months or more (If checked, no further questions) ☐

6. Is this a request for continuation of therapy with the requested medication? **Y** ☐ **N** ☐

7. Is there evidence of unacceptable toxicity while on the current regimen? **Y** ☐ **N** ☐

8. What is the patient's diagnosis?

Melanoma (If checked, go to 9) ☐

Non-small cell lung cancer, BRAF V600E mutation-positive (If checked, go to 23) ☐

Anaplastic thyroid cancer, BRAF V600E mutation-positive (If checked, go to 27) ☐

Glioma, BRAF V600 mutation-positive (If checked, go to 30) ☐

Meningioma, BRAF V600 mutation-positive (If checked, go to 30) ☐

Astrocytoma, BRAF V600 mutation-positive (If checked, go to 30) ☐

Brain cancer with neurofibromatosis type 1 (If checked, no further questions) ☐

Epithelial ovarian cancer, fallopian tube cancer, primary peritoneal cancer, carcinosarcoma (malignant mixed Mullerian tumors), clear cell carcinoma of the ovary, grade 1 endometrioid carcinoma, low-grade serous ovarian carcinoma/ovarian borderline epithelial tumors (low malignant potential) or mucinous carcinoma of the ovary (If checked, go to 31) ☐

Biliary tract cancers (gallbladder cancer, extrahepatic cholangiocarcinoma, intrahepatic cholangiocarcinoma) (If checked, go to 32) ☐

Histiocytic neoplasms (If checked, go to 36) ☐

Solid tumors, BRAF V600E mutation-positive (If checked, go to 38) ☐

Gastrointestinal Stromal Tumor (GIST), BRAF V600E mutation-positive (If checked, go to 45) ☐

Pancreatic adenocarcinoma, BRAF V600E mutation-positive (If checked, go to 49) ☐

Salivary gland tumors, BRAF V600E mutation-positive (If checked, go to 52) ☐

Gastric, Esophageal and Esophagogastric Junction Cancer, BRAF V600E mutation-positive (If checked, go to 55) ☐

Hairy cell leukemia (If checked, go to 59) ☐

Small bowel adenocarcinoma, BRAF V600E mutation-positive (If checked, go to 62) ☐

Thyroid cancer (papillary, oncocytic/Hurthle cell, or follicular) (If checked, go to 65) ☐

9. What is the clinical setting in which the requested medication will be used?

Adjuvant treatment of cutaneous melanoma (If checked, go to 11) ☐

Neoadjuvant treatment of cutaneous melanoma (If checked, go to 20) ☐

Treatment of unresectable cutaneous melanoma (If checked, go to 10) ☐

Treatment of metastatic cutaneous melanoma (If checked, go to 10) ☐

Treatment of uveal melanoma (If checked, go to 18) ☐

Treatment of limited resectable local satellite/in-transit recurrent disease (If checked, go to 16) ☐

Other, please specify. (If checked, no further questions) _____

10. How will the requested medication be given?

As a single agent (If checked, go to 14) ☐

In combination with dabrafenib (Tafinlar) with or without pembrolizumab (Keytruda) (If checked, go to 13) ☐

Other, please specify. (If checked, no further questions) _____

11. Will the requested medication be used in combination with dabrafenib (Tafinlar)? **Y** ☐ **N** ☐

12. Does the patient have resected stage III disease? **Y** ☐ **N** ☐

13. Is the patient's disease positive for BRAF V600 (e.g., V600E or V600K) activating mutation? ACTION REQUIRED: If Positive, attach chart note(s) or test results of BRAF V600 mutation status.

Positive (If checked, no further questions) ☐

Negative (If checked, no further questions) ☐

Unknown (If checked, no further questions) ☐

14. What is the place in therapy in which the requested medication will be used?

First-line therapy (If checked, no further questions) ☐

Subsequent therapy (If checked, go to 15) ☐

15. Is the patient's disease BRAF gene fusion- and non-V600 mutation-positive? ACTION REQUIRED: If Yes, attach chart note(s) or test results confirming BRAF and V600 status.

Yes (If checked, no further questions) ☐

No (If checked, no further questions) ☐

Unknown (If checked, no further questions) ☐

16. Is the patient's disease positive for a BRAF V600 activating mutation? ACTION REQUIRED: If Yes, attach chart note(s) or test results of BRAF V600 mutation status.

Yes (If checked, go to 17) ☐

No (If checked, no further questions) ☐

Unknown (If checked, no further questions) ☐

17. Will the requested medication be used in combination with dabrafenib (Tafinlar)? **Y** ☐ **N** ☐

18. What is the clinical setting in which the requested medication will be used?

Metastatic disease (If checked, go to 19) ☐

Unresectable disease (If checked, go to 19) ☐

Other, please specify. (If checked, no further questions) _____

19. Will the requested medication be used as single agent? **Y** ☐ **N** ☐

20. Is the patient's disease BRAF V600 mutation-positive? ACTION REQUIRED: If Yes, attach chart not(s) or test results confirming BRAF V600 status.

- Yes (If checked, go to 21) ☐
- No (If checked, no further questions) ☐
- Unknown (If checked, no further questions) ☐

21. Will the requested medication be used in combination with dabrafenib (Tafinlar)? **Y** ☐ **N** ☐

22. Is immunotherapy contraindicated? **Y** ☐ **N** ☐

23. What is the clinical setting in which the requested medication will be used?

- Recurrent disease (If checked, go to 24) ☐
- Advanced disease (If checked, go to 24) ☐
- Metastatic disease (If checked, go to 24) ☐
- Other, please specify. (If checked, no further questions) _____

24. What is the patient's BRAF V600E mutation status? ACTION REQUIRED: If Positive, attach chart note(s) or test results of BRAF V600E mutation status.

- Positive (If checked, go to 25) ☐
- Negative (If checked, no further questions) ☐
- Unknown (If checked, no further questions) ☐

25. Will the requested medication be used in combination with dabrafenib (Tafinlar)? **Y** ☐ **N** ☐

26. Has the patient experienced disease progression on BRAF-targeted therapy? **Y** ☐ **N** ☐

27. What is the clinical setting in which the requested medication will be used?

- Locally advanced disease (If checked, go to 28) ☐
- Stage IV disease (If checked, go to 28) ☐
- Other, please specify. (If checked, no further questions) _____

28. What is the patient's BRAF V600E mutation status? ACTION REQUIRED: If Positive, attach chart note(s) or test results of BRAF V600E mutation status.

- Positive (If checked, go to 29) ☐
- Negative (If checked, no further questions) ☐
- Unknown (If checked, no further questions) ☐

29. Will the requested medication be used in combination with dabrafenib (Tafinlar)? **Y** ☐ **N** ☐

30. What is the patient's BRAF V600 mutation status? ACTION REQUIRED: If Positive, attach chart note(s) or test results of BRAF V600 mutation status.

- Positive (If checked, no further questions) ☐
- Negative (If checked, no further questions) ☐
- Unknown (If checked, no further questions) ☐

31. What is the clinical setting in which the requested medication will be used?

- Persistent disease (If checked, no further questions) ☐
- Recurrent disease (If checked, no further questions) ☐
- Other, please specify. (If checked, no further questions) _____

32. What is the patient's BRAF V600E mutation status? ACTION REQUIRED: If Positive, attach chart note(s) or test results of BRAF V600E mutation status.

- Positive (If checked, go to 33) ☐
- Negative (If checked, no further questions) ☐
- Unknown (If checked, no further questions) ☐

33. What is the place in therapy in which the requested medication will be used?

- First line treatment (If checked, no further questions) ☐
- Subsequent treatment (If checked, go to 34) ☐

34. What is the clinical setting in which the requested medication will be used?

- Progressive unresectable disease (If checked, go to 35) ☐
- Progressive metastatic disease (If checked, go to 35) ☐
- Progressive resected gross residual (R2) disease (If checked, go to 35) ☐
- Other, please specify. (If checked, no further questions) _____

35. Will the requested medication be used in combination with dabrafenib (Tafinlar)? **Y** ☐ **N** ☐

36. Will the requested medication be used for treatment of Erdheim-Chester disease, Langerhans cell histiocytosis, or Rosai-Dorfman disease? **Y** ☐ **N** ☐

37. Will the requested medication be used as single agent? **Y** ☐ **N** ☐

38. What is the clinical setting in which the requested medication will be used?

- Unresectable disease (If checked, go to 39) ☐
- Metastatic disease (If checked, go to 39) ☐
- Other, please specify. (If checked, no further questions) _____

39. What is the patient's BRAF V600E mutation status? ACTION REQUIRED: If Positive, attach chart note(s) or test results of BRAF V600E mutation status.

- Positive (If checked, go to 40) ☐
- Negative (If checked, no further questions) ☐
- Unknown (If checked, no further questions) ☐

40. Has the disease progressed following prior treatment? **Y** ☐ **N** ☐

41. Are there satisfactory alternative treatment options available? **Y** ☐ **N** ☐

42. Will the requested medication be used for the treatment of colorectal cancer? **Y** ☐ **N** ☐

43. Is the patient 1 year of age or older? **Y** ☐ **N** ☐

44. Will the requested medication be used in combination with dabrafenib (Tafinlar)? **Y** ☐ **N** ☐

45. What is the patient's BRAF V600E mutation status? ACTION REQUIRED: If Positive, attach chart note(s) or test results of BRAF V600E mutation status.

- Positive (If checked, go to 46) ☐
- Negative (If checked, no further questions) ☐
- Unknown (If checked, no further questions) ☐

46. Will the requested medication be used in combination with dabrafenib (Tafinlar)? **Y** ☐ **N** ☐

47. What is the place in therapy in which the requested medication will be used?

- Neoadjuvant therapy (If checked, no further questions) ☐
- First-line therapy (If checked, go to 48) ☐
- Other, please specify. (If checked, no further questions) _____

48. What is the clinical setting in which the requested medication will be used?

- Gross residual disease (R2 resection) (If checked, no further questions) ☐
- Unresectable primary disease (If checked, no further questions) ☐
- Tumor rupture disease (If checked, no further questions) ☐
- Recurrent disease (If checked, no further questions) ☐
- Metastatic disease (If checked, no further questions) ☐
- Other, please specify. (If checked, no further questions) _____

49. What is the patient's BRAF V600E mutation status? ACTION REQUIRED: If Positive, attach chart note(s) or test results of BRAF V600E mutation status.

- Positive (If checked, go to 50) ☐
- Negative (If checked, no further questions) ☐
- Unknown (If checked, no further questions) ☐

50. Will the requested medication be used in combination with dabrafenib (Tafinlar)? **Y** ☐ **N** ☐

51. What is the clinical setting in which the requested medication will be used?

- Recurrent disease (If checked, no further questions) ☐
- Locally advanced disease (If checked, no further questions) ☐
- Metastatic disease (If checked, no further questions) ☐
- Other, please specify. (If checked, no further questions) _____

52. What is the patient's BRAF V600E mutation status? ACTION REQUIRED: If Positive, attach chart note(s) or test results of BRAF V600E mutation status.

- Positive (If checked, go to 53) ☐
- Negative (If checked, no further questions) ☐
- Unknown (If checked, no further questions) ☐

53. Will the requested medication be used in combination with dabrafenib (Tafinlar)? **Y** ☐ **N** ☐

54. What is the clinical setting in which the requested medication will be used?

- Recurrent disease (If checked, no further questions) ☐
- Unresectable disease (If checked, no further questions) ☐
- Metastatic disease (If checked, no further questions) ☐
- Other, please specify. (If checked, no further questions) _____

55. What is the patient's BRAF V600E mutation status? ACTION REQUIRED: If Positive, attach chart note(s) or test results of BRAF V600E mutation status.

- Positive (If checked, go to 56) ☐
- Negative (If checked, no further questions) ☐
- Unknown (If checked, no further questions) ☐

56. What is the place in therapy in which the requested medication will be used?

- First-line therapy (If checked, no further questions) ☐
- Subsequent therapy (If checked, go to 57) ☐

57. What is the clinical setting in which the requested medication will be used?

- Unresectable locally advanced (If checked, go to 58) ☐
- Recurrent disease (If checked, go to 58) ☐
- Metastatic disease (If checked, go to 58) ☐
- The patient is not a surgical candidate (If checked, go to 58) ☐
- Other, please specify. (If checked, no further questions) _____

58. Will the requested medication be used in combination with dabrafenib (Tafinlar)? **Y** ☐ **N** ☐

59. What is the clinical setting in which the requested medication will be used?

- Relapsed/refractory disease (If checked, go to 60) ☐
- Other, please specify. (If checked, no further questions) _____

60. Will the requested medication be used in combination with dabrafenib (Tafinlar)? **Y** ☐ **N** ☐

61. Has the patient been previously treated with BRAF inhibitor therapy? **Y** ☐ **N** ☐

62. What is the patient's BRAF V600E mutation status? ACTION REQUIRED: If Positive, attach chart note(s) or test results of BRAF V600E mutation status.

- Positive (If checked, go to 63) ☐
- Negative (If checked, no further questions) ☐
- Unknown (If checked, no further questions) ☐

63. What is the clinical setting in which the requested medication will be used?

- Advanced disease (If checked, go to 64) ☐
- Metastatic disease (If checked, go to 64) ☐
- Other, please specify. (If checked, no further questions) _____

64. Will the requested medication be used in combination with dabrafenib (Tafinlar)? **Y** ☐ **N** ☐

65. What is the tumor's histology?

- Papillary (If checked, go to 66) ☐
- Oncocytic/Hurthle cell (If checked, go to 66) ☐
- Follicular (If checked, go to 66) ☐
- Other, please specify. (If checked, no further questions) _____

66. What is the patient's BRAF V600E mutation status? ACTION REQUIRED: If Positive, attach chart note(s) or test results of BRAF V600E mutation status.

- Positive (If checked, go to 67) ☐
- Negative (If checked, no further questions) ☐
- Unknown (If checked, no further questions) ☐

67. Will the requested medication be used in combination with dabrafenib (Tafinlar)? **Y** ☐ **N** ☐

68. What is the clinical setting in which the requested drug will be used?

- Unresectable disease (If checked, go to 69) ☐
- Metastatic disease (If checked, go to 69) ☐
- High-risk disease (If checked, go to 70) ☐
- Other, please specify. (If checked, no further questions) _____

69. Is the patient's thyroid carcinoma amenable to radioactive iodine (RAI) therapy? **Y** ☐ **N** ☐

70. What is the place in therapy in which the requested drug will be used?

- First-line treatment (If checked, go to 71) ☐
- Subsequent treatment (If checked, no further questions) ☐

71. Is the patient appropriate for vascular endothelial growth factor (VEGF) inhibitors? **Y** ☐ **N** ☐

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that the documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable a state or federal regulatory agency.

_____

Prescriber (Or Authorized) Signature and Date

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