US Family Health Plan
Prior Authorization Request Form for
binimetinib (**Mektovi**)

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) US Family Health Plan Pharmacy Program. US Family Health Plan is a TRICARE contractor for DoD.

The completed form may be faxed to 855-273-5735

OR

The patient may attach the completed form to the prescription and **mail** it to:
Attn: Pharmacy, 77 Warren St, Brighton, MA 02135

QUESTIONS? **Call 1-877-880-7007**

Step 1 **Please complete patient and physician information** (please print):

Patient Name:		Physician Name:	
Address:		Address:	
Sponsor ID #		Phone #:	
Date of Birth:		Secure Fax #:	

Step 2 **Please complete the clinical assessment:**

1. Is the patient greater than or equal to 18 years of age?	☐ Yes Proceed to question **2**	☐ No **STOP** Coverage not approved
2. Does the patient have unresectable or metastatic melanoma?	☐ Yes Proceed to question **3**	☐ No Proceed to question **7**
3. Does the patient have BRAF V600E or BRA FV600K mutation confirmed by an FDA-approved test?	☐ Yes Proceed to question **4**	☐ No Proceed to question **7**
4. Will Mektovi be taken in combination with Braftovi?	☐ Yes Proceed to question **5**	☐ No Proceed to question **7**
5. Is the patient on dabrafenib (Tafinlar), trametinib (Mekinist), vemurafenib (Zelboraf), or cobimetinib (Cotellic) concurrently?	☐ Yes **STOP** Coverage not approved	☐ No Proceed to question **6**
6. Is the requested medication being prescribed by or in consultation with an oncologist?	☐ Yes **Sign and date below**	☐ No **STOP** Coverage not approved

7. Please provide the diagnosis.	_____ Proceed to question **8**	
8. Is the diagnosis cited in the National Comprehensive Cancer Network (NCCN) guidelines as a category 1, 2A, or 2B recommendation?	☐ Yes **Sign and date below**	☐ No **STOP** Coverage not approved

Step 3 **I certify the above is true to the best of my knowledge.** Please sign and date:

_____ _____
Prescriber Signature Date