

OPTIMA HEALTH COMMUNITY CARE

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; fax to 1-800-319-5003. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. Incomplete form will delay authorization process.

Drug Requested: **Zelboraf™** (vemurafenib)

DRUG INFORMATION: Complete information below. If incomplete, authorization process will be delayed

Drug Form/Strength: _____

Dosing Schedule: : _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

RECOMMENDED DOSAGE: 960mg orally twice daily.

CLINICAL CRITERIA: To receive a **THREE (3) month approval**, boxes below **must** be checked. Medical notes/lab tests, etc. **MUST** be attached with this request or authorization will be delayed.

- Prescriber is an Oncologist? Yes No
- Does member have a diagnosis of unresectable or metastatic melanoma with the serine-threonine protein kinase BRAF V600E mutation? Yes No
- Was an FDA-approved test done to detect the presence of the BRAF V600E mutation? Yes No
(Documentation required; include a copy of the test results with this request form)
- Has baseline monitoring been completed, which includes electrocardiogram, electrolytes, liver enzymes, and bilirubin? *(Provide copy of labs)* Yes No
- Has a baseline dermatologic evaluation been completed? Yes No

Medication being provided by a Specialty Pharmacy: PropriumRx

****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.****

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.

Patient Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

*REVISED/UPDATED: 8/27/2017; 12/23/2017.