BRAFTOVI® (encorafenib) 75 mg capsules + MEKTOVI® (binimetinib) 15 mg tablets

Appeals Checklist

Before submitting an appeal (reconsideration), review the reason for BRAFTOVI® in combination with MEKTOVI® denial. Verify that BRAFTOVI® in combination with MEKTOVI® is FDA-approved for the patient's diagnosis, and prior authorization (PA), patient information, and coding were submitted correctly.

If the claim was submitted correctly, you and/or the patient may decide to appeal the denied claim. Please check with your patient on documents they received from the insurer. Submit relevant information from below, per insurer-specific requirements, before the filing deadline.

Insurer-specific form, if required

- Insurer-specific guidance, forms, and resources can typically be found on insurer websites on a tools, resources, or forms page, by searching for appeals, or by logging into the provider portal.
- 'Model Coverage Redetermination Request' form can be used for Medicare

Letter of formulary exception, including the following information:

Medical History

- ❑ Patient name, date of birth, gender
- ❑ Insurance policy/ID number
- ❑ Diagnosis (ICD-10-CM) and dates of initial diagnosis and recurrence *(see Reimbursement Guide in Toolkit)*
- ❑ Laboratory/imaging results and pathology reports
- ❑ Previously administered treatments (if applicable)
- ❑ Current condition, comorbidities, and intolerance to other therapies
- ❑ Biomarker status via FDA-approved test

Treatment History (if applicable)

- ❑ Prior treatments and procedures for the disease
  - ➢ Treatment dosage and frequency
  - ➢ Treatment duration
  - ➢ Clinical response
  - ➢ Reason(s) for discontinuation
- ❑ Physician opinion of patient prognosis or disease progression

Current Treatment

- ❑ Concise medical rationale for use of BRAFTOVI® in combination with MEKTOVI®
- ❑ Recommended treatment plan
  - ➢ BRAFTOVI® dosage, quantity, and days supplied
  - ➢ MEKTOVI® dosage, quantity, and days supplied

Supporting documentation to include with letter of formulary exception

- ❑ BRAFTOVI® Full Prescribing Information
- ❑ MEKTOVI® Full Prescribing Information
- ❑ Published articles and clinical guidelines (e.g., ASCO and NCCN)
- ❑ Laboratory/imaging results and pathology reports, including confirmation of biomarker status via FDA-approved test
- ❑ Medical records documenting treatment history

Accurate completion of reimbursement-related or coverage-related documentation is the responsibility of the provider and patient. This information is general in nature and is not intended to be exhaustive. Pfizer makes no guarantee regarding reimbursement for any service or item.

NOTE: Retain a copy of all submissions for your personal records.

The information contained in this checklist is provided by Pfizer for informational purposes for patients who have been prescribed BRAFTOVI® in combination with MEKTOVI®. There is no requirement that any patient or healthcare provider use BRAFTOVI® in combination with MEKTOVI® in exchange for this information, and this checklist is not meant to substitute for a prescriber's independent medical decision-making.