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

Prior Authorization Checklist

Correct submission of a **Prior Authorization (PA)** (coverage determination) form may help expedite approval of BRAFTOVI® in combination with MEKTOVI® for appropriate patients. Providers must submit evidence of medical necessity and why covered alternatives are clinically unacceptable. Poorly documented requests may be denied, resulting in treatment delay and additional work for an appeal.

PA requirements vary among healthcare insurers. If available, completion of an insurer-specific PA form is recommended. The following information may need to be included:

Patient Information

- ❑ Name
- ❑ Date of birth
- ❑ Social Security number
- ❑ Copy of front and back of patient's insurance card

Insurance Information

- ❑ Name of insurance
- ❑ Phone number
- ❑ Name of policy holder
- ❑ Plan ID number
- ❑ Group number
- ❑ Plan address

Healthcare Provider Information

- ❑ Name
- ❑ Tax ID number
- ❑ Address
- ❑ Phone/fax
- ❑ NPI number
- ❑ Provider number

Patient Clinical Diagnosis

- ❑ Diagnosis (ICD-10-CM) and dates of initial diagnosis/recurrence *(see Reimbursement Guide in Toolkit)*
- ❑ Biomarker status via FDA-approved test
- ❑ If applicable, prior treatments and procedures for the cancer (dosage, duration, clinical response, and reasons for discontinuation)
- ❑ Concise medical rationale for use of BRAFTOVI® in combination with MEKTOVI®
- ❑ Recommended treatment plan
  - ➢ BRAFTOVI® dosage, quantity, start date and days supplied
  - ➢ MEKTOVI® dosage, quantity, start date and days supplied

Supporting documentation

- ❑ 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 (if applicable)
- ❑ Letter of medical necessity

FOR EXPEDITED REQUESTS, SUPPORT THE URGENCY WITH ADEQUATE INFORMATION

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.