OKLAHOMA Health Care Authority

State of Oklahoma
SoonerCare

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Cotellic® (Cobimetinib) Prior Authorization Form

Member Name:_____ ***Date of Birth:***_____ ***Member ID#:***_____

Drug Information

Pharmacy billing (NDC:_____**)**

Dose:_____ ***Regimen:***_____ ***Start Date:***_____

Billing Provider Information

Provider NPI:_____ ***Provider Name:***_____

Provider Phone:_____ ***Provider Fax:***_____

Prescriber Information

Prescriber NPI:_____ ***Prescriber Name:***_____

Prescriber Phone:_____ ***Prescriber Fax:***_____ ***Specialty:***_____

Criteria

For Initial Authorization:

1. Please indicate the diagnosis and information:

☐ **Unresectable or Metastatic Melanoma**

A. Does member have BRAF V600E or V600K mutation detected by an FDA-approved test? Yes☐ No☐

B. Is melanoma wild-type BRAF? Yes☐ No☐

C. Will cobimetinib be used as first-line therapy in combination with vemurafenib? Yes☐ No☐

D. Will cobimetinib be used as second-line therapy or subsequent therapy with vemurafenib? Yes☐ No☐

☐ **Histiocytic Neoplasm**

A. Will cobimetinib be used as a single agent? Yes☐ No☐

☐ If answer is none of the above, please indicate diagnosis:_____

Additional Information:_____

_____

For Continued Authorization:

1. Date of last dose:_____
2. Does patient have any evidence of progressive disease while on cobimetinib therapy? Yes☐ No☐
3. Has the member experienced any adverse drug reactions related to cobimetinib therapy? Yes☐ No☐

*If yes, please specify adverse reactions:*_____

Additional Information:_____

Prescriber Signature:_____ **Date:**_____

I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge. *Please do not send in chart notes. Specific information will be requested if necessary.*

Fax completed prior authorization request form to **888-601-8461** or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts. All requested data must be provided. Incomplete forms or forms without the chart notes will be returned. Pharmacy Coverage Guidelines are available at **AetnaBetterHealth.com/Oklahoma.**