

**CAREFIRST COMMERCIAL - NON-RISK - SPC**  
**Tafinlar SGM**

This fax machine is located in a secure location as required by HIPAA regulations. Fax complete signed and dated forms to CVS Caremark at 866-249-6155. Please contact CVS Caremark at 866-814-5506 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Tafinlar SGM.

**Patient Information**

Patient Name:	<input type="text"/>
Patient Phone:	<input type="text"/>
Patient ID:	<input type="text"/>
Patient Group:	<input type="text"/>
Patient DOB:	<input type="text"/>

**Physician Information**

Physician Name	<input type="text"/>
Physician Phone:	<input type="text"/>
Physician Fax:	<input type="text"/>
Physician Addr.:	<input type="text"/>
City, St, Zip:	<input type="text"/>

**Drug Name (select from list of drugs shown)**

Tafinlar

Quantity:	_____	Frequency:	_____	Strength:	_____
Route of Administration:	_____				
Expected Length of Therapy:	_____				
Diagnosis:	_____	ICD Code:	_____		
Comments:	_____				

**Please check the appropriate answer for each applicable question.**

1. What is the patient's diagnosis?

- |  |                          |
|--|--------------------------|
| Cutaneous melanoma, BRAF V600 mutation-positive (If checked, go to 2)  | <input type="checkbox"/> |
| Non-small cell lung cancer (NSCLC), BRAF V600E mutation-positive (If checked, go to 2)   | <input type="checkbox"/> |
| Anaplastic Thyroid Cancer, BRAF V600E mutation-positive (If checked, go to 2)  | <input type="checkbox"/> |
| Glioma, BRAF V600 mutation-positive (If checked, go to 2)  | <input type="checkbox"/> |
| Meningioma, BRAF V600 mutation-positive (If checked, go to 2)  | <input type="checkbox"/> |
| Astrocytoma, BRAF V600 mutation-positive (If checked, go to 2)   | <input type="checkbox"/> |
| Biliary tract cancers (gallbladder cancer, extrahepatic cholangiocarcinoma, intrahepatic cholangiocarcinoma), BRAF V600E mutation-positive (If checked, go to 2)   | <input type="checkbox"/> |
| Histiocytic neoplasms (If checked, go to 2)  | <input type="checkbox"/> |
| Solid tumors, BRAF V600E mutation-positive (If checked, go to 2)   | <input type="checkbox"/> |
| Epithelial ovarian cancer, fallopian tube cancer, primary peritoneal cancer, carcinosarcoma (malignant mixed Mullerian tumors), clear cell carcinoma of the ovary, grade 1 endometrioid carcinoma, low-grade serious carcinoma/ovarian borderline epithelial tumor (low malignant potential), or mucinous carcinoma of the ovary, BRAF V600E mutation-positive (If checked, go to 2) | <input type="checkbox"/> |
| Gastrointestinal Stromal Tumor (GIST), BRAF V600E mutation-positive (If checked, go to 6)  | <input type="checkbox"/> |

	Pancreatic adenocarcinoma, BRAF V600E mutation-positive (If checked, go to 2)	<input type="checkbox"/>		
	Salivary gland tumors, BRAF V600E mutation-positive (If checked, go to 2)	<input type="checkbox"/>		
	Gastric, Esophageal and Esophagogastric Junction Cancer, BRAF V600E mutation-positive (If checked, go to 2)	<input type="checkbox"/>		
	Hairy cell leukemia (If checked, go to 2)	<input type="checkbox"/>		
	Small bowel adenocarcinoma, BRAF V600E mutation-positive (If checked, go to 2)	<input type="checkbox"/>		
	Thyroid carcinoma (papillary, oncocytic/Hurthle cell, or follicular) (If checked, go to 2)	<input type="checkbox"/>		
	Other, please specify. (If checked, no further questions)	<hr/>		
2.	Is this a request for continuation of therapy with the requested medication?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
3.	Is there evidence of unacceptable toxicity or disease progression or recurrence while on the current regimen?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
4.	Is this request for the adjuvant treatment of cutaneous melanoma?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
5.	How many months of therapy has the patient received?			
	1 month (If checked, no further questions)	<input type="checkbox"/>		
	2 months (If checked, no further questions)	<input type="checkbox"/>		
	3 months (If checked, no further questions)	<input type="checkbox"/>		
	4 months (If checked, no further questions)	<input type="checkbox"/>		
	5 months (If checked, no further questions)	<input type="checkbox"/>		
	6 months (If checked, no further questions)	<input type="checkbox"/>		
	7 months (If checked, no further questions)	<input type="checkbox"/>		
	8 months (If checked, no further questions)	<input type="checkbox"/>		
	9 months (If checked, no further questions)	<input type="checkbox"/>		
	10 months (If checked, no further questions)	<input type="checkbox"/>		
	11 months (If checked, no further questions)	<input type="checkbox"/>		
	12 months or more (If checked, no further questions)	<input type="checkbox"/>		
6.	Is this a request for continuation of therapy with the requested medication?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
7.	Is there evidence of unacceptable toxicity while on the current regimen?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
8.	What is the patient's diagnosis?			
	Cutaneous melanoma, BRAF V600 mutation-positive (If checked, go to 9)	<input type="checkbox"/>		
	Non-small cell lung cancer (NSCLC), BRAF V600E mutation-positive (If checked, go to 18)	<input type="checkbox"/>		
	Anaplastic Thyroid Cancer, BRAF V600E mutation-positive (If checked, go to 23)	<input type="checkbox"/>		
	Glioma, BRAF V600 mutation-positive (If checked, go to 26)	<input type="checkbox"/>		
	Meningioma, BRAF V600 mutation-positive (If checked, go to 26)	<input type="checkbox"/>		
	Astrocytoma, BRAF V600 mutation-positive (If checked, go to 26)	<input type="checkbox"/>		
	Biliary tract cancers (gallbladder cancer, extrahepatic cholangiocarcinoma, intrahepatic cholangiocarcinoma), BRAF V600E mutation-positive (If checked, go to 27)	<input type="checkbox"/>		
	Histiocytic neoplasms (If checked, go to 31)	<input type="checkbox"/>		
	Solid tumors, BRAF V600E mutation-positive (If checked, go to 34)	<input type="checkbox"/>		
	Epithelial ovarian cancer, fallopian tube cancer, primary peritoneal cancer, carcinosarcoma (malignant mixed Mullerian tumors), clear cell carcinoma of the ovary, grade 1 endometrioid carcinoma, low-grade serious carcinoma/ovarian borderline epithelial tumor (low malignant potential), or mucinous carcinoma of the ovary, BRAF V600E mutation-positive (If checked, go to 41)	<input type="checkbox"/>		
	Gastrointestinal Stromal Tumor (GIST), BRAF V600E mutation-positive (If checked, go to 44)	<input type="checkbox"/>		
	Pancreatic adenocarcinoma, BRAF V600E mutation-positive (If checked, go to 48)	<input type="checkbox"/>		
	Salivary gland tumors, BRAF V600E mutation-positive (If checked, go to 51)	<input type="checkbox"/>		

	Gastric, Esophageal and Esophagogastric Junction Cancer, BRAF V600E mutation-positive (If checked, go to 54)		<input type="checkbox"/>	
	Hairy cell leukemia (If checked, go to 58)		<input type="checkbox"/>	
	Small bowel adenocarcinoma, BRAF V600E mutation-positive (If checked, go to 61)		<input type="checkbox"/>	
	Thyroid carcinoma (If checked, go to 64)		<input type="checkbox"/>	
9.	In what setting will the requested medication be used?			
	Adjuvant treatment of cutaneous melanoma (If checked, go to 13)		<input type="checkbox"/>	
	Neoadjuvant treatment of cutaneous melanoma (If checked, go to 15)		<input type="checkbox"/>	
	Treatment of unresectable cutaneous melanoma (If checked, go to 11)		<input type="checkbox"/>	
	Treatment of metastatic cutaneous melanoma (If checked, go to 11)		<input type="checkbox"/>	
	Treatment of limited resectable local satellite/in-transit recurrent disease (If checked, go to 10)		<input type="checkbox"/>	
	Other, please specify. (If checked, no further questions)			<hr/>
10.	Will the requested medication be used in combination with trametinib (Mekinist)?	Y	<input type="checkbox"/>	N <input type="checkbox"/>
11.	How will the medication be given?			
	As a single agent (If checked, go to 12)		<input type="checkbox"/>	
	In combination with trametinib (Mekinist) with or without pembrolizumab (Keytruda) (If checked, go to 17)		<input type="checkbox"/>	
	Other, please specify. (If checked, no further questions)			<hr/>
12.	Is BRAF/MEK inhibitor combination therapy contraindicated?	Y	<input type="checkbox"/>	N <input type="checkbox"/>
13.	Will the requested medication be used in combination with trametinib (Mekinist)?	Y	<input type="checkbox"/>	N <input type="checkbox"/>
14.	Does the patient have resected stage III disease?	Y	<input type="checkbox"/>	N <input type="checkbox"/>
15.	Will the requested medication be used in combination with trametinib (Mekinist)?	Y	<input type="checkbox"/>	N <input type="checkbox"/>
16.	Is immunotherapy contraindicated?	Y	<input type="checkbox"/>	N <input type="checkbox"/>
17.	Is the patient's disease BRAF V600 mutation-positive (e.g., BRAF V600E or V600K mutations)? ACTION REQUIRED: If Yes, attach chart note(s) or test results of BRAF V600 mutation status.			
	Yes (If checked, no further questions)		<input type="checkbox"/>	
	No (If checked, no further questions)		<input type="checkbox"/>	
	Unknown (If checked, no further questions)		<input type="checkbox"/>	
18.	Is the patient's disease positive for BRAF V600E mutation status? ACTION REQUIRED: If Positive, attach chart note(s) or test results of BRAF V600E mutation status.			
	Positive (If checked, go to 19)		<input type="checkbox"/>	
	Negative (If checked, no further questions)		<input type="checkbox"/>	
	Unknown (If checked, no further questions)		<input type="checkbox"/>	
19.	What is the clinical setting in which the requested medication will be used?			
	Recurrent disease (If checked, go to 20)		<input type="checkbox"/>	
	Advanced disease (If checked, go to 20)		<input type="checkbox"/>	
	Metastatic disease (If checked, go to 20)		<input type="checkbox"/>	
	Other, please specify. (If checked, no further questions)			<hr/>
20.	Has the patient experienced disease progression on BRAF-targeted therapy?	Y	<input type="checkbox"/>	N <input type="checkbox"/>
21.	How will the requested medication be given?			
	As a single agent (If checked, go to 22)		<input type="checkbox"/>	
	In combination with trametinib (Mekinist) (If checked, no further questions)		<input type="checkbox"/>	
	Other, please specify. (If checked, no further questions)			<hr/>

22.	Is the combination of dabrafenib (Tafinlar) plus trametinib (Mekinist) not tolerated?	<b>Y</b>	<input type="checkbox"/>	<b>N</b>	<input type="checkbox"/>
23.	Is the patient's disease positive for BRAF V600E mutation status? ACTION REQUIRED: If Positive, attach chart note(s) or test results of BRAF V600E mutation status.				
	Positive (If checked, go to 24)		<input type="checkbox"/>		
	Negative (If checked, no further questions)		<input type="checkbox"/>		
	Unknown (If checked, no further questions)		<input type="checkbox"/>		
24.	What is the clinical setting in which the requested medication will be used?				
	Locally advanced disease (If checked, go to 25)		<input type="checkbox"/>		
	Stage IV disease (If checked, go to 25)		<input type="checkbox"/>		
	Other, please specify. (If checked, no further questions)				_____
25.	Will the requested medication be used in combination with trametinib (Mekinist)?	<b>Y</b>	<input type="checkbox"/>	<b>N</b>	<input type="checkbox"/>
26.	Is the patient's disease positive for BRAF V600 mutation status? ACTION REQUIRED: If Positive, attach chart note(s) or test results of BRAF V600 mutation status.				
	Positive (If checked, no further questions)		<input type="checkbox"/>		
	Negative (If checked, no further questions)		<input type="checkbox"/>		
	Unknown (If checked, no further questions)		<input type="checkbox"/>		
27.	What is the patient's BRAF V600E mutation status? ACTION REQUIRED: If Positive, attach chart note(s) or test results of BRAF V600E mutation status.				
	Positive (If checked, go to 28)		<input type="checkbox"/>		
	Negative (If checked, no further questions)		<input type="checkbox"/>		
	Unknown (If checked, no further questions)		<input type="checkbox"/>		
28.	In which line of therapy will the requested medication be used?				
	First line therapy (If checked, no further questions)		<input type="checkbox"/>		
	Subsequent therapy (If checked, go to 29)		<input type="checkbox"/>		
29.	What is the clinical setting in which the requested medication will be used?				
	Progressive unresectable disease (If checked, go to 30)		<input type="checkbox"/>		
	Progressive metastatic disease (If checked, go to 30)		<input type="checkbox"/>		
	Progressive resected gross residual (R2) disease (If checked, go to 30)		<input type="checkbox"/>		
	Other, please specify. (If checked, no further questions)				_____
30.	Will the requested medication be used in combination with trametinib (Mekinist)?	<b>Y</b>	<input type="checkbox"/>	<b>N</b>	<input type="checkbox"/>
31.	What is the patient's BRAF V600E mutation status? ACTION REQUIRED: If Positive, attach chart note(s) or test results of BRAF V600E mutation status.				
	Positive (If checked, go to 32)		<input type="checkbox"/>		
	Negative (If checked, no further questions)		<input type="checkbox"/>		
	Unknown (If checked, no further questions)		<input type="checkbox"/>		
32.	Will the requested medication be used for treatment of Erdheim-Chester disease or Langerhans cell histiocytosis?	<b>Y</b>	<input type="checkbox"/>	<b>N</b>	<input type="checkbox"/>
33.	Will the requested medication be used as single agent?	<b>Y</b>	<input type="checkbox"/>	<b>N</b>	<input type="checkbox"/>
34.	What is the clinical setting in which the requested medication will be used?				
	Unresectable disease (If checked, go to 35)		<input type="checkbox"/>		
	Metastatic disease (If checked, go to 35)		<input type="checkbox"/>		
	Other, please specify. (If checked, no further questions)				_____

35. What is the patient's BRAF V600E mutation status? ACTION REQUIRED: If Positive, attach chart note(s) or test results of BRAF V600E mutation status.
- Positive (If checked, go to 36) ☐
- Negative (If checked, no further questions) ☐
- Unknown (If checked, no further questions) ☐
36. Has the disease progressed following prior treatment? Y ☐ N ☐
37. Are there satisfactory alternative treatment options available? Y ☐ N ☐
38. Will the requested medication be used for the treatment of colorectal cancer? Y ☐ N ☐
39. Will the requested medication be used in combination with trametinib (Mekinist)? Y ☐ N ☐
40. Is the patient 1 year of age or older? Y ☐ N ☐
41. What is the clinical setting in which the requested medication will be used?
- Persistent disease (If checked, go to 42) ☐
- Recurrent disease (If checked, go to 42) ☐
- Other, please specify. (If checked, no further questions) \_\_\_\_\_
42. What is the patient's BRAF V600E mutation status? ACTION REQUIRED: If Positive, attach chart note(s) or test results of BRAF V600E mutation status.
- Positive (If checked, go to 43) ☐
- Negative (If checked, no further questions) ☐
- Unknown (If checked, no further questions) ☐
43. Will the requested medication be used in combination with trametinib (Mekinist)? Y ☐ N ☐
44. What is the patient's BRAF V600E mutation status? ACTION REQUIRED: If Positive, attach chart note(s) or test results of BRAF V600E mutation status.
- Positive (If checked, go to 45) ☐
- Negative (If checked, no further questions) ☐
- Unknown (If checked, no further questions) ☐
45. Will the requested medication be used in combination with trametinib (Mekinist)? Y ☐ N ☐
46. What is the place in therapy in which the requested medication will be used?
- Neoadjuvant therapy (If checked, no further questions) ☐
- First-line therapy (If checked, go to 47) ☐
- Other, please specify. (If checked, no further questions) \_\_\_\_\_
47. What is the clinical setting in which the requested medication will be used?
- Gross residual disease (R2 resection) (If checked, no further questions) ☐
- Unresectable primary disease (If checked, no further questions) ☐
- Tumor rupture disease (If checked, no further questions) ☐
- Recurrent disease (If checked, no further questions) ☐
- Metastatic disease (If checked, no further questions) ☐
- Other, please specify. (If checked, no further questions) \_\_\_\_\_
48. What is the patient's BRAF V600E mutation status? ACTION REQUIRED: If Positive, attach chart note(s) or test results of BRAF V600E mutation status.
- Positive (If checked, go to 49) ☐
- Negative (If checked, no further questions) ☐
- Unknown (If checked, no further questions) ☐
49. Will the requested medication be used in combination with trametinib (Mekinist)? Y ☐ N ☐

50. What is the clinical setting in which the requested medication will be used?
- Recurrent disease (If checked, no further questions) ☐
- Locally advanced disease (If checked, no further questions) ☐
- Metastatic disease (If checked, no further questions) ☐
- Other, please specify. (If checked, no further questions) \_\_\_\_\_
51. What is the patient's BRAF V600E mutation status? ACTION REQUIRED: If Positive, attach chart note(s) or test results of BRAF V600E mutation status.
- Positive (If checked, go to 52) ☐
- Negative (If checked, no further questions) ☐
- Unknown (If checked, no further questions) ☐
52. Will the requested medication be used in combination with trametinib (Mekinist)? Y ☐ N ☐
53. What is the clinical setting in which the requested medication will be used?
- Recurrent disease (If checked, no further questions) ☐
- Unresectable disease (If checked, no further questions) ☐
- Metastatic disease (If checked, no further questions) ☐
- Other, please specify. (If checked, no further questions) \_\_\_\_\_
54. What is the patient's BRAF V600E mutation status? ACTION REQUIRED: If Positive, attach chart note(s) or test results of BRAF V600E mutation status.
- Positive (If checked, go to 55) ☐
- Negative (If checked, no further questions) ☐
- Unknown (If checked, no further questions) ☐
55. What is the place in therapy in which the requested medication will be used?
- First-line therapy (If checked, no further questions) ☐
- Subsequent therapy (If checked, go to 56) ☐
56. What is the clinical setting in which the requested medication will be used?
- Unresectable locally advanced disease (If checked, go to 57) ☐
- Recurrent disease (If checked, go to 57) ☐
- Metastatic disease (If checked, go to 57) ☐
- The patient is not a surgical candidate (If checked, go to 57) ☐
- Other, please specify. (If checked, no further questions) \_\_\_\_\_
57. Will the requested medication be used in combination with trametinib (Mekinist)? Y ☐ N ☐
58. What is the clinical setting in which the requested medication will be used?
- Relapsed/refractory disease (If checked, go to 59) ☐
- Other, please specify. (If checked, no further questions) \_\_\_\_\_
59. Will the requested medication be used in combination with trametinib (Mekinist)? Y ☐ N ☐
60. Has the patient been previously treated with BRAF inhibitor therapy? Y ☐ N ☐
61. What is the patient's BRAF V600E mutation status? ACTION REQUIRED: If Positive, attach chart note(s) or test results of BRAF V600E mutation status.
- Yes (If checked, go to 62) ☐
- No (If checked, no further questions) ☐
- Unknown (If checked, no further questions) ☐
62. What is the clinical setting in which the requested medication will be used?

Advanced disease (If checked, go to 63)	<input type="checkbox"/>		
Metastatic disease (If checked, go to 63)	<input type="checkbox"/>		
Other, please specify. (If checked, no further questions)	<hr/>		
63. Will the requested medication be used in combination with trametinib (Mekinist)?	<b>Y</b> <input type="checkbox"/>	<b>N</b> <input type="checkbox"/>	
64. What is the tumor's histology?			
Papillary (If checked, go to 65)	<input type="checkbox"/>		
Oncocytic/Hurthle cell (If checked, go to 65)	<input type="checkbox"/>		
Follicular (If checked, go to 65)	<input type="checkbox"/>		
Other, please specify. (If checked, no further questions)	<hr/>		
65. What is the patient's BRAF V600E mutation status? ACTION REQUIRED: If Positive, attach chart note(s) or test results of BRAF V600E mutation status.			
Positive (If checked, go to 66)	<input type="checkbox"/>		
Negative (If checked, no further questions)	<input type="checkbox"/>		
Unknown (If checked, no further questions)	<input type="checkbox"/>		
66. Will the requested medication be used in combination with trametinib (Mekinist) ?	<b>Y</b> <input type="checkbox"/>	<b>N</b> <input type="checkbox"/>	
67. What is the clinical setting in which the requested drug will be used?			
Unresectable disease (If checked, go to 68)	<input type="checkbox"/>		
Metastatic disease (If checked, go to 68)	<input type="checkbox"/>		
High-risk disease (If checked, go to 69)	<input type="checkbox"/>		
Other, please specify. (If checked, no further questions)	<hr/>		
68. Is the patient's thyroid carcinoma amenable to radioactive iodine (RAI) therapy?	<b>Y</b> <input type="checkbox"/>	<b>N</b> <input type="checkbox"/>	
69. What is the place in therapy in which the requested drug will be used?			
First-line treatment (If checked, go to 70)	<input type="checkbox"/>		
Subsequent treatment (If checked, no further questions)	<input type="checkbox"/>		
70. Is the patient appropriate for vascular endothelial growth factor (VEGF) inhibitors?	<b>Y</b> <input type="checkbox"/>	<b>N</b> <input type="checkbox"/>	

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that the documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable a state or federal regulatory agency.

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**Prescriber (Or Authorized) Signature and Date**

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