



Oncology Agents: BRAF Kinase Inhibitors – Oral – Washington Prior Authorization Request Form

Please complete this **entire** form and fax it to: **866-940-7328**. If you have questions, please call **800-310-6826**.
This form may contain multiple pages. Please complete all pages to avoid a delay in our decision.
Allow at least 24 hours for review.

Date of request:	Reference #:	MAS:	
Patient	Date of birth	ProviderOne ID	
Pharmacy name	Pharmacy NPI	Telephone number	Pharmacy name
Prescriber	Prescriber NPI	Telephone number	Prescriber
Medication and strength		Directions for use	Qty/Days supply

1. Is this request for continuation of therapy? ☐ Yes ☐ No
If yes, does patient have clinical documentation demonstrating disease stability or a positive clinical response? ☐ Yes ☐ No
2. What is the patient's diagnosis?

<input type="checkbox"/> Anaplastic thyroid cancer	<input type="checkbox"/> Solid tumor, unresectable or metastatic
<input type="checkbox"/> Colorectal cancer, metastatic	<input type="checkbox"/> Non-small cell lung cancer, metastatic
<input type="checkbox"/> Erdheim-Chester disease	<input type="checkbox"/> Melanoma adjuvant, unresectable, or metastatic
<input type="checkbox"/> Hairy cell leukemia, relapsed or refractory	<input type="checkbox"/> Low grade glioma
<input type="checkbox"/> Other Specify: _____	
3. Provide the following for the patient:
Indicate disease stage:
Indicate disease type (i.e. New onset, refractory, etc.):
Specify BRAF mutation
4. Indicate if prescribed by or in consultation with:
☐ Oncologist ☐ Hematologist ☐ Other Specify: _____
5. Will the requested medication be used in combination with any other oncolytic medication?
☐ Yes Specify: _____
☐ No
6. Has the patient progressed previously on a BRAF-inhibitor? ☐ Yes ☐ No

For diagnosis of Anaplastic Thyroid Cancer:

7. Is practitioner able to provide documentation of BRAF V600E mutation AND documentation that disease is locally advanced or metastatic with no locoregional treatment options? ☐ Yes ☐ No
8. Is the request for Dabrafenib (Tafinlar)? ☐ Yes ☐ No
If yes, will Dabrafenib (Tafinlar) be used in combination with trametinib (mekinist)? ☐ Yes ☐ No

For diagnosis of Colorectal cancer, metastatic:

9. Will encorafenib (Braftovi) be used for first line treatment in combination with mFOLFOX6 (leucovorin, fluorouracil, and oxaliplatin) and cetuximab (Erbix) ☐ Yes ☐ No
10. Will encorafenib (Braftovi) be used as subsequent line treatment in combination with cetuximab (Erbix)?

For diagnosis of Erdheim-Chester disease:

11. Will Vemurafenib (Zelboraf) be used in combination with any other medications for Erdheim-Chester disease? ☐
Yes ☐ No

For diagnosis of Hairy cell leukemia, relapsed or refractory:

12. Will Vemurafenib (Zelboraf) will be used with rituximab? ☐ Yes ☐ No
13. Has patient received therapy with a purine analog that was initiated less than two years prior to requesting vemurafenib (Zelboraf)? ☐ Yes ☐ No

For diagnosis of Low grade glioma:

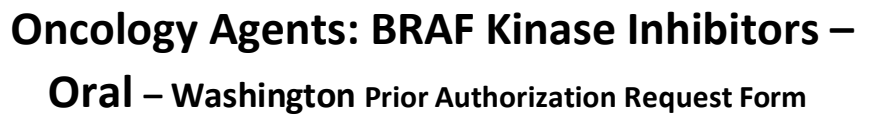
14. For tovorafenib (Ojemet): Is the disease relapsed or refractory (i.e. disease has progressed on at least one prior systemic therapy)?
15. For dabrafenib (Tafinlar): Will Tafinlar be used with trametinib (Mekinist) as first line systemic therapy?

For diagnosis of Melanoma adjuvant, unresectable, or metastatic:

16. Will dabrafenib (Tafinlar) be used in combination with trametinib (Mekinist) as adjuvant treatment (patient has undergone surgical resection)? ☐ Yes ☐ No
17. Has there been disease involvement in regional lymph nodes? ☐ Yes ☐ No
18. Will dabrafenib (Tafinlar) be used in combination with trametinib (Mekinist) as treatment for metastatic or unresectable melanoma? ☐ Yes ☐ No
19. Is the request for encorafenib (Braftovi)? ☐ Yes ☐ No
If yes, will it be used in combination with binimetinib (Mektovi)? ☐ Yes ☐ No
20. Is the request for vemurafenib (Zelboraf)? ☐ Yes ☐ No
If yes, will it be used in combination with cobimetinib (Cotellic) with or without atezolizumab (Tecentriq)? ☐ Yes ☐ No

For diagnosis of Non-small cell lung cancer, metastatic:

21. Is the request for encorafenib (Braftovi)? ☐ Yes ☐ No
If yes, will it be used in combination with binimetinib (Mektovi)? ☐ Yes ☐ No



If yes, will be used in combination with trametinib (Mekinist) ☐ Yes ☐ No

- ☐ Biliary tract cancer
- ☐ High grade glioma
- ☐ Low grade serous ovarian cancer
- ☐ Adenocarcinoma of the small intestine

Height (cm): Date taken:

Weight (kg): Date taken:

Body surface area (m^2): Date taken:

Chart notes, labs and all diagnostic tests confirming diagnosis are required with this request

Date