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?
   - ☐ Anaplastic thyroid cancer
   - ☐ Colorectal cancer, metastatic
   - ☐ Erdheim-Chester disease
   - ☐ Hairy cell leukemia, relapsed or refractory
   - ☐ Other Specify: _____
   - ☐ Solid tumor, unresectable or metastatic
   - ☐ Non-small cell lung cancer, metastatic
   - ☐ Melanoma adjuvant, unresectable, or metastatic
   - ☐ Low grade glioma

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

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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 (Erbitux)? ☐ Yes ☐ No
10. Will encorafenib (Braftovi) be used as subsequent line treatment in combination with cetuximab (Erbitux)?

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 (Ojemda): 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

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22. Is the request for Dabrafenib (Tafinlar)? ☐ Yes ☐ No
    If yes, will be used in combination with trametinib (Mekinist) ☐ Yes ☐ No

For diagnosis of Solid tumor, unresectable or metastatic:

23. Please indicate the following for the patient (Select all that apply):
    - ☐ Biliary tract cancer
    - ☐ High grade glioma
    - ☐ Low grade serous ovarian cancer
    - ☐ Adenocarcinoma of the small intestine

24. Indicate for patient:
    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

Prescriber signature	Prescriber specialty	Date