

Tafinlar
Prior Authorization Request

Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-866-249-6155

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-249-6155.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-866-814-5506**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect[®] 1-800-237-2767.

Patient's Name: _____ **Date:** _____
Patient's ID: _____ **Patient's Date of Birth:** _____
Physician's Name: _____
Specialty: _____ **NPI#:** _____
Physician Office Telephone: _____ **Physician Office Fax:** _____

1. What is the member's diagnosis?
 Melanoma Non-small cell lung cancer (NSCLC)
 Central nervous system (CNS) metastases Other _____

2. What is the ICD-10 code? _____

Complete the following section based on the patient's diagnosis, if applicable.

Section A: Melanoma

3. Is the disease unresectable or metastatic? Yes No
 4. What was the member's BRAF V600E or V600K mutation test result? Positive Negative Unknown
ACTION REQUIRED: Attach test results.
 5. Will Tafinlar be used in combination with Mekinist? *If Yes, no further questions.* Yes No
 6. Will Tafinlar be used as a single agent? Yes No
 7. Is the member's anticipated clinical deterioration less than or equal to 12 weeks? Yes No

Section B: Non-Small Cell Lung Cancer (NSCLC)

8. Does the patient have BRAF V600E mutation? Yes No Unknown
ACTION REQUIRED: Attach test results.

Section C: Central Nervous System (CNS) Metastases

9. Does the patient have a diagnosis of melanoma? Yes No
 10. Was Tafinlar active against the primary tumor (melanoma)? Yes No
 11. Will Tafinlar be used as a single agent? Yes No

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.

X _____
Prescriber or Authorized Signature **Date (mm/dd/yy)**

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Tafinlar SGM - 2/2016.

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