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Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Tafinlar[®] Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)	Provider Information (required)
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Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)

Medication Name:		Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting brand		Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy			

Clinical Information (required)

Select the diagnosis below:

Anaplastic thyroid cancer (ATC)

Melanoma

Metastatic non-small cell lung cancer

Other diagnosis: _____ ICD-10 Code(s): _____

Clinical Information:

Select the cancer mutant type as detected by an FDA-approved test (THxID-BRAF Kit) or performed at a facility approved by Clinical Laboratory Improvement Amendments (CLIA):

BRAFV600E BRAFV600K

Is Tafinlar used in combination with Mekinist (trametinib)? Yes No

Is Tafinlar prescribed by or in consultation with an oncologist? Yes No

For anaplastic thyroid cancer (ATC), also answer the following:

Does the patient have locally advanced or metastatic disease? Yes No

Is the cancer treatable with standard locoregional treatment options? Yes No

For melanoma, also answer the following:

Does the patient have unresectable or metastatic melanoma? Yes No

Will Tafinlar be used as adjunctive therapy? Yes No

Is there involvement of lymph nodes following complete resection? Yes No

Reauthorization:

If this is a reauthorization request, answer the following question:

Does the patient show evidence of progressive disease while on Tafinlar therapy? Yes No

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.
 For urgent or expedited requests please call 1-800-711-4555.
 This form may be used for non-urgent requests and faxed to 1-800-527-0531.

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