

Prescriber Criteria Form

Braftovi 2025 PA Fax 2615-A v2 030125.docx  
 Braftovi (encorafenib)  
 Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations. Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**. Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Braftovi (encorafenib).

Drug Name:  
 Braftovi (encorafenib)

<b>Patient Name:</b>		
<b>Patient ID:</b>		
<b>Patient DOB:</b>	<b>Patient Phone:</b>	
<b>Prescriber Name:</b>		
<b>Prescriber Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Prescriber Phone:</b>	<b>Prescriber Fax:</b>	
<b>Diagnosis:</b>	<b>ICD Code(s):</b>	

<b>Please circle the appropriate answer for each question.</b>			
1	Does the patient have a diagnosis of melanoma? [If yes, then skip to question 5.]	Yes	No
2	Does the patient have a diagnosis of colorectal cancer (including appendiceal adenocarcinoma)? [If no, then skip to question 9.]	Yes	No
3	Is the requested medication being used for either of the following: A) advanced or metastatic disease, B) unresectable metachronous metastases? [If no, then no further questions.]	Yes	No
4	Is the tumor positive for BRAF V600E mutation? [No further questions.]	Yes	No
5	Will the requested drug be used for adjuvant systemic therapy? [If yes, then skip to question 7.]	Yes	No
6	Is the disease unresectable, limited resectable, or metastatic? [If no, then no further questions.]	Yes	No
7	Does the patient have disease that is positive for a BRAF V600 activating mutation (e.g., BRAF V600E or V600K mutation)? [If no, then no further questions.]	Yes	No

8	Will the requested drug be used as a single agent or in combination with binimetinib? [No further questions.]	Yes	No
9	Does the patient have a diagnosis of non-small cell lung cancer (NSCLC)? [If no, then no further questions.]	Yes	No
10	Is the disease advanced, recurrent, or metastatic? [If no, then no further questions.]	Yes	No
11	Is the tumor positive for BRAF V600E mutation? [If no, then no further questions.]	Yes	No
12	Will the requested drug be used in combination with binimetinib?	Yes	No

Comments:	
-----------	--

By signing this form, I attest that the information provided is accurate and true as of this date and that the documentation supporting this information is available for review if requested by the health plan.

<b>Prescriber (or Authorized) Signature:</b> _____ <b>Date:</b> _____
---