Tafinlar®

Products affected

- Tafinlar®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0-2.
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	Authorized for one year.
Other criteria	Patient must not have prior use of Zelboraf or Mekinist.