Gavreto® (pralsetinib)
(Oral)

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I. Length of Authorization

Coverage will be provided for 6 months and may be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Gavreto 100 mg capsules: 4 capsules per day

B. Max Units (per dose and over time) [HCPCS Unit]:

- 400 mg per day

III. Initial Approval Criteria [1]

Coverage is provided in the following conditions:

- Patient is at least 18 years of age (unless otherwise specified); **AND**

Universal Criteria [1]

- Used as a single agent; **AND**
- Patient does not have uncontrolled hypertension; **AND**
- Patient must not have had major surgery within the preceding 14 days or have a surgical wound that has not fully healed; **AND**
- Therapy will not be used concomitantly with other RET-type targeted therapies (i.e., selpercatinib, cabozantinib, vandetanib, etc.); **AND**
- Patient will avoid concomitant therapy with all of the following:
    - Coadministration with strong CYP3A inhibitors (e.g., ketoconazole, itraconazole, clarithromycin, etc.); **AND**
    - Coadministration with strong CYP3A inducers (e.g., rifampin, carbamazepine, St. John's Wort, etc.), if therapy is unavoidable, the patient will be monitored closely for adverse reaction and/or dose modifications will be implemented; **AND**
    - Coadministration with combined P-gp and strong CYP3A inhibitors (e.g., azole-antifungals, cobicistat, HIV protease inhibitors, idelalisib, boceprivir, etc.), if

therapy is unavoidable, the patient will be monitored closely for adverse reaction and/or dose modifications will be implemented; **AND**

Non-Small Cell Lung Cancer (NSCLC) † ‡ Φ [1-5]

- Patient has RET fusion positive disease as detected by an FDA-approved or CLIA compliant test❖; **AND**
- Patient has recurrent, advanced, or metastatic disease *(excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease)* or mediastinal lymph node recurrence with prior radiation therapy

Thyroid Cancer † ‡ Φ [1,2,6]

- Patient has RET fusion positive follicular, oncocytic, or papillary carcinoma as detected by an FDA-approved or CLIA compliant test❖; **AND**
  - Patient is at least 12 years of age; **AND**
  - Patient has metastatic, advanced, or unresectable locoregional recurrent or persistent disease; **AND**
  - Patient is radioactive iodine (RAI) therapy refractory or is not amenable to RAI therapy; **OR**
- Patient has RET-mutation positive medullary thyroid cancer (MTC) as detected by an FDA-approved or CLIA compliant test❖; **AND**
  - Patient is at least 12 years of age; **AND**
    - Patient has symptomatic or progressive disease; **OR**
    - Patient has advanced or metastatic disease; **OR**
- Patient has RET fusion positive anaplastic carcinoma as detected by an FDA-approved or CLIA compliant test❖; **AND**
  - Used as neoadjuvant therapy for borderline resectable locoregional disease; **OR**
  - Used as first- or second-line therapy for metastatic disease

❖ *If confirmed using an immunotherapy assay-http://www.fda.gov/companiondiagnostics*

† FDA Approved Indication(s); ‡ Compendia recommended indication(s); Φ Orphan Drug

IV. Renewal Criteria [1]

Coverage may be renewed based on the following criteria:

- Patient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**

- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe or life-threatening interstitial lung disease or pneumonitis, severe hypertension, severe hepatotoxicity, severe or life-threatening hemorrhage, tumor lysis syndrome, impaired wound healing, etc.

V. Dosage/Administration [1]

Indication	Dose
NSCLC & Thyroid Cancer	The recommended dosage is 400 mg orally once daily until disease progression or unacceptable toxicity.

VI. Billing Code/Availability Information

HCPCS Code(s):

- J8999: Prescription drug, oral, chemotherapeutic, nos
- C9399: Unclassified drugs or biologicals *(for hospital outpatient use ONLY)*

NDC:

- Gavreto 100 mg capsules: 50242-0210-xx

VII. References

1. Gavreto [package insert]. South San Francisco, CA; Genentech, Inc., September 2022. Accessed April 2023.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for pralsetinib. National Comprehensive Cancer Network, 2023. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed April 2023.
3. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Non-Small Cell Lung Cancer Version.2023. National Comprehensive Cancer Network, 20223. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc." To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed April 2023.
4. ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). Date: 1/31/17. Identifier NCT03037385: Phase 1/2 Study of the Highly-selective RET Inhibitor, Pralsetinib (BLU-667), in Patients With Thyroid Cancer, Non-Small Cell Lung Cancer, and Other Advanced Solid Tumors (ARROW); [Accessed 9/10/20]; Available from: https://clinicaltrials.gov/ct2/show/NCT03037385?term=NCT03037385&draw=2&rank=1.
5. Paik PK, Felip E, Veillon R, et al. Tepotinib in non-small cell lung cancer with MET exon 14 skipping mutations [published online May 29, 2020]. *The New England Journal of Medicine*. doi: 10.1056/NEJMoa2004407.
6. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Thyroid Carcinomas Version 1.2023. National Comprehensive

Cancer Network, 2023. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed April 2023.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus or lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C73	Malignant neoplasm of thyroid gland
Z85.118	Personal history of other malignant neoplasm of bronchus and lung

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Article (LCAs), and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCA/LCD): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC