Tafinlar® (dabrafenib)
(Oral)

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I. Length of Authorization

Coverage is provided for six months and may be renewed. Adjuvant use in melanoma may be renewed for up to 1 year of therapy.

II. Dosing Limits

A. Quantity Limit (max daily dose) [Pharmacy Benefit]:

- Tafinlar 50 mg capsules: 4 capsules per day
- Tafinlar 75 mg capsules: 4 capsules per day

B. Max Units (per dose and over time) [Medical Benefit]:

- 300 mg daily

III. Initial Approval Criteria

Coverage is provided in the following conditions:

- Baseline left ventricular ejection fraction (LVEF) within normal limits; **AND**:
- Patient is at least 18 years or older; **AND**
- Patient has not received prior therapy with BRAF and/or MEK inhibitors (e.g., vemurafenib, encorafenib, cobimetinib, binimetinib, etc.) unless otherwise specified; **AND**

Melanoma †

- Patient has BRAF V600E or V600K mutation as detected by FDA approved test*; **AND**
  - Used in combination with trametinib as adjuvant therapy for patients with lymph node involvement, following complete resection; **OR**
  - Used in combination with trametinib or as a single agent ; **AND**
    - Used as initial or subsequent therapy in patient's with unresectable or metastatic disease; **OR**
    - Used as re-induction therapy for progression/relapse in patients who had disease control (i.e., complete response, partial response, or stable disease with no

residual toxicity) for >3 months after previous therapy with dabrafenib or another BRAF inhibitor (e.g., vemurafenib, encorafenib, etc.) ‡

Non-Small Cell Lung Cancer †

- Patient has BRAF V600E mutation as detected by FDA approved test*; **AND**
- Patient has recurrent (excluding locoregional recurrence or symptomatic local disease with no evidence of disseminated disease) or metastatic disease; **AND**
- Used in combination with trametinib or as a single agent if BRAF/MEK inhibitor combination therapy is not tolerated

Anaplastic Thyroid Cancer (ATC) †

- Patient has BRAF V600E mutation; **AND**
- Used in combination with trametinib; **AND**
- Used for locally advanced or metastatic disease with no satisfactory locoregional treatment options; **AND**
- Used as first- or second-line therapy

Differentiated Thyroid Carcinoma (Papillary, Follicular, or Hurthle Cell) ‡

- Patient has BRAF V600E mutation; **AND**
- Patient has unresectable recurrent disease, persistent disease, or patient has distant metastases; **AND**
- Disease is progressive and/or symptomatic radioactive-iodine refractory; **AND**
- No alternative therapies are available or appropriate (e.g., clinical trial or systemic therapy)

Colorectal Cancer ‡

- Patient has BRAF V600E mutation; **AND**
- Used in combination with trametinib AND either cetuximab or panitumumab; **AND**
- Used as subsequent therapy after progression of unresectable or metastatic disease (not previously treated with cetuximab or panitumumab); **AND**
    - Patient was previously treated with an irinotecan- or oxaliplatin-based therapy; **OR**
    - Patient was previously treated with fluoropyrimidine-based therapy without irinotecan or oxaliplatin followed by FOLFOX (fluorouracil, leucovorin, and oxaliplatin) or CapeOX (capecitabine and oxaliplatin)

Central Nervous System Cancers – Brain Metastases ‡

- Patient's primary cancer is BRAF V600E or V600K mutation positive melanoma; **AND**
- Used in combination with trametinib; **AND**
    - Patient has newly diagnosed small asymptomatic brain metastases and stable systemic disease or reasonable systemic treatment options; **OR**
    - Patient has recurrent brain metastases

*http://www.fda.gov/CompanionDiagnostics

† FDA Approved Indication(s); ‡ Compendia Approved Indication(s)

IV. Renewal Criteria

Coverage can be renewed based upon the following criteria:

- Patient continues to meet the criteria 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: major hemorrhagic events, cardiomyopathy, uveitis, severe febrile reactions, serious dermatological reactions, hyperglycemia, new primary malignancies, hemolytic anemia, etc.; **AND**
- Left ventricular ejection fraction (LVEF) has not had an absolute decrease from baseline ≥ 10% and is not below the lower limit of normal (LLN)

Adjuvant treatment of Melanoma

- Treatment has not exceeded 1 year of therapy

Melanoma re-induction therapy (metastatic or unresectable disease)

- Patient has completed initial induction with dabrafenib or another BRAF inhibitor (e.g., vemurafenib, encorafenib, etc.); **AND**
- Used in patients who experienced disease control (i.e., complete response, partial response, or stable disease with no residual toxicity), but subsequently disease progression/relapse > 3 months after treatment discontinuation of dabrafenib or another BRAF inhibitor

V. Dosage/Administration

Indication	Dose
All indications	Administer 150 mg orally twice daily, until disease recurrence or unacceptable toxicity *(up to 1 year only as adjuvant use in melanoma).*

VI. Billing Code/Availability Information

HCPCS:

- J8999 – Prescription drug oral, chemotherapeutic, Not Otherwise Specified
- C9399 – Unclassified drugs or biologics (Hospital Outpatient Use Only)

NDC:

- Tafinlar 50 mg capsule: 00078-0682-xx
- Tafinlar 75 mg capsule: 00078-0681-xx

VII. References

1. Tafinlar [package insert]. East Hanover, NJ; Novartis Pharmaceuticals Corporation; July 2019. Accessed October 2019.
2. Flaherty KT, Infante JR, Daud A, at al. Combined BRAF and MEK inhibition in melanoma with BRAF V600 mutations. N Engl J Med. 2012 Nov; 367(18):1694-703. doi: 10.1056/NEJMoa1210093. Epub 2012 Sep 29.
3. Hauschild A, Grob JJ, Demidov LV, et al. Dabrafenib in BRAF-mutated metastatic melanoma: a multicentre, open-label, phase 3 randomised controlled trial. Lancet. 2012 Jul 28; 380(9839):358-65.
4. Long GV, Trefzer U, Davies MA, et al. Dabrafenib in patients with Val600Glu or Val600Lys BRAF-mutant melanoma metastatic to the brain (BREAK-MB): a multicentre, open-label, phase 2 trial. Lancet Oncol. 2012 Nov; 13(11):1087-95.
5. Long GV, Stroyakovksy D, Gogas H, et al. Combined BRAF and MEK inhibition versus BRAF inhibition alone in melanoma. N Eng J Med 2014 Sep 29, {Epub ahead of print]
6. Robert C, Karaszewska B, Schachter J, et al. COMBI-v: A randomized, open-label, phase III study comparing the combination of dabrafenib (D) and trametinib (T) to vemurafenib (V) as first-line therapy in patients (pts) with unresectable or metastatic BRAF V600E/K mutation positive cutaneous melanoma [abstract]. Ann Oncol 2014;25(Suppl 4):Abstract LBA4
7. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) dabrafenib. National Comprehensive Cancer Network, 2019. 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 October 2019.
8. Planchard D, Groen HJM, Min Kim T., et al. Interim results of a phase II study of the BRAF inhibitor dabrafenib in combination with the MEK inhibitor trametinib in patients with BRAF V600E mutated metastatic non-small cell lung cancer. Journal of Clinical Oncology, 2015; 33 Abstract 8006.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C17.0	Malignant neoplasm duodenum
C17.1	Malignant neoplasm jejunum
C17.2	Malignant neoplasm ileum
C17.8	Malignant neoplasm of overlapping sites of small intestines
C17.9	Malignant neoplasm of small intestine, unspecified

ICD-10	ICD-10 Description
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of large intestines
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
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
C43.0	Malignant melanoma of lip
C43.10	Malignant melanoma of unspecified eyelid, including canthus
C43.11	Malignant melanoma of right eyelid, including canthus
C43.12	Malignant melanoma of left eyelid, including canthus

ICD-10	ICD-10 Description
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, unspecified
C73	Malignant neoplasm of thyroid gland
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C79.31	Secondary malignant neoplasm of brain
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.068	Personal history of other malignant neoplasm of small intestine
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.820	Personal history of malignant melanoma of skin

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) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: http://www.cms.gov/medicare-

coverage-database/search/advanced-search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/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
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