Tafinlar® (dabrafenib)
(Oral)

Document Number: IC-0174

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Date of Origin: 06/25/2013
Dates Reviewed: 01/2014, 12/2014, 10/2015, 10/2016, 10/2017, 06/2018

I. Length of Authorization

Coverage is provided for six months and may be renewed.

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]:

- N/A

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**

Melanoma †

- Patient must have BRAF V600 mutation as detected by FDA approved test(i.e., THxID™-BRAF assay); **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 if BRAF/MEK inhibitor therapy is contraindicated; **AND**
        - Patient's disease is unresectable OR metastatic; **AND**
        - Used as initial therapy or subsequent therapy (if patient is BRAF/MEK-inhibitor naïve); **OR**
        - Used as re-induction therapy for progression/relapse in patients who had disease control for >3 months after previous therapy with dabrafenib ‡

Non-Small Cell Lung Cancer †

- Patient must have BRAF V600E mutation; **AND**
- Patient has recurrent or metastatic disease; **AND**
- Used in combination with trametinib or as a single agent if BRAF/MEK inhibitor therapy is not tolerated

Anaplastic Thyroid Cancer (ATC) †

- Patient has BRAF V600E mutation detected by FDA approved test(i.e. THxID™-*BRAF* assay); **AND**
- Patient has locally advanced or metastatic disease; **AND**
- Used in combination with trametinib; **AND**
- Patient has no satisfactory locoregional treatment options.

Central Nervous System Cancers – Metastatic Lesions ‡

- Patient's primary cancer is BRAF mutation positive melanoma; **AND**
- Used in combination with trametinib; **AND**
    - Patient has stable systemic disease or reasonable systemic treatment options; **OR**
    - Patient has recurrent brain metastases.

†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 in section III; **AND**
- Tumor response with 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 <u>absolute</u> 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

V. Dosage/Administration

Indication	Dose
All indications	150 mg PO twice daily

VI. Billing Code/Availability Information

Jcode:

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; May 2018. Accessed May 2018.
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, 2018. 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 May 2018.
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
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
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

ICD-10	ICD-10 Description
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
C79.31	Secondary malignant neoplasm of brain
C80.0	Disseminated malignant neoplasm, unspecified
C80.1	Malignant (primary) neoplasm, unspecified
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.

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC