### Overview

Gavreto is indicated for the treatment of adult patients with metastatic rearranged during transfection (RET) fusion-positive non-small cell lung cancer (NSCLC) as detected by an FDA approved test. Gavreto is indicated for the treatment of adult and pediatric patients 12 years of age and older with advanced or metastatic RET-mutant medullary thyroid cancer (MTC) who require systemic therapy. Gavreto is indicated for the treatment of adult and pediatric patients 12 years of age and older with advanced or metastatic RET fusion-positive thyroid cancer who require systemic therapy and who are radioactive iodine-refractory (if radioactive iodine is appropriate).

### Coverage Guidelines

Authorization may be reviewed for members new to AllWays Health Partners who are currently receiving treatment with Gavreto excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

**Advanced or metastatic RET-mutant medullary thyroid cancer (MTC) or RET-fusion positive thyroid cancer**

1. Appropriate diagnosis
2. Prescriber specialty is an oncologist or medication is written in consultation with an oncologist
3. Appropriate dosing

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#### Specialty Medications

<table>
<thead>
<tr>
<th>Plan</th>
<th>Program Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ MassHealth</td>
<td>☑ Prior Authorization</td>
</tr>
<tr>
<td>☑ MH UPPL</td>
<td>☑ Quantity Limit</td>
</tr>
<tr>
<td>☐ Commercial/Exchange</td>
<td>☐ Step Therapy</td>
</tr>
</tbody>
</table>

#### Benefit

| Specialty Limitations | This medication has been designated specialty and must be filled at a contracted specialty pharmacy. |

#### Contact Information

<table>
<thead>
<tr>
<th>Specialty Medications</th>
<th>All Plans</th>
<th>Phone: 866-814-5506</th>
<th>Fax: 866-249-6155</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Specialty Medications</td>
<td>MassHealth</td>
<td>Phone: 877-433-7643</td>
<td>Fax: 866-255-7569</td>
</tr>
<tr>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
<td>Fax: 888-836-0730</td>
<td></td>
</tr>
<tr>
<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
<td></td>
</tr>
</tbody>
</table>

| Medical Specialty Medications (NLX) | All Plans | Phone: 844-345-2803 | Fax: 844-851-0882 |

#### Exceptions

| Exceptions | N/A |
4. Member is ≥ 12 years of age  
5. Request is within quantity limit of four capsules/day  
6. ONE of the following: 
   a. Member has thyroid cancer and ONE of the following: 
      o Member refractory to radioactive iodine 
      o Radioactive iodine treatment is not appropriate  
   b. Member has medullary thyroid cancer  

Metastatic RET fusion-positive non-small cell lung cancer (NSCLC)  
1. Appropriate diagnosis  
2. Prescriber specialty is an oncologist or medication is written in consultation with an oncologist  
3. Appropriate dosing  
4. Member is ≥ 18 years of age  
5. Request is within quantity limit of four capsules/day  

Continuation of Therapy  
Reauthorization will be granted if member has not shown signs of excessive toxicity.  

Limitations  
1. Initial approvals and reauthorizations will be granted for 12 months  
2. The following quantity limits apply:  
<table>
<thead>
<tr>
<th>Drug</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gavreto</td>
<td>120 capsules per 30 days</td>
</tr>
<tr>
<td>Retevmo</td>
<td>120 capsules per 30 days</td>
</tr>
</tbody>
</table>

Appendix  
Appendix A: Exceeding Quantity Limitations  
Requests exceeding the quantity limit should be evaluated on a case-by-case basis. If there is compelling rationale for exceeding the quantity limit, please forward to clinical review for case-by-case evaluation (e.g., stability, past approvals at a dose exceeding the quantity limit, specific clinical rationale for dose is documented).  

In addition to criteria in the procedure table above, requests exceeding the quantity limit must have ALL of the following:  
1. Dose is appropriate  
2. Dose is consolidated  
3. Appropriate clinical rationale for exceeding the quantity limit  

References  

Review History  
09/22/2021 – Reviewed and Created Sept P&T. Effective 11/01/2021
11/17/2021 – Reviewed and Updated at Nov P&T; matched MH UPPL for 1/1/22 implementation. Added Appendix. Effective 01/01/2022.

**Disclaimer**

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.