



**Gavreto[®] (pralsetinib)
Retevmo[®](selpercatinib)
Effective 01/01/2022**

Plan	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> MH UPPL <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

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



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:

Gavreto	120 capsules per 30 days
Retevmo	120 capsules per 30 days

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

1. Gavreto [package insert]. Cambridge, MA: Blueprint Medicines Corporation; December 2020.
2. The NCCN Drugs & Biologics Compendium 2020 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed September 13, 2020.
3. NCCN Clinical Practice Guidelines in Oncology® Non-Small Cell Lung Cancer (Version 7.2020). © 2020 National Comprehensive Cancer Network, Inc. <https://www.nccn.org>. Accessed September 11, 2020.

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.

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