



5.21.162

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<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2021
<b>Subsection:</b>	Antineoplastic Agents	<b>Original Policy Date:</b>	September 25, 2020
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**Last Review Date:** March 12, 2021

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## Gavreto

### Description

#### Gavreto (pralsetinib)

#### Background

Gavreto (pralsetinib) is a kinase inhibitor of wild-type *RET* and oncogenic *RET* fusions and mutations. Certain *RET* fusion proteins and activating point mutations can drive tumorigenic potential through hyperactivation of downstream signaling pathways leading to uncontrolled cell proliferation. Gavreto exhibits anti-tumor activity in models harboring oncogenic *RET* fusions or mutations (1).

#### Regulatory Status

FDA-approved indication: Gavreto is a kinase inhibitor indicated for the treatment of: (1)

- Adult patients with metastatic rearranged during transfection (*RET*) fusion-positive non-small cell lung cancer (NSCLC) as detected by an FDA approved test
- Adult and pediatric patients 12 years of age and older with advanced or metastatic *RET*-mutant medullary thyroid cancer (MTC) who require systemic therapy
- 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 refractory iodine is appropriate)

Patients should be selected for treatment with Gavreto based on the presence of a *RET* gene fusion (NSCLC or thyroid cancer) or *RET* gene mutation (MTC) (1).

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Gavreto has warnings regarding hepatotoxicity and hypertension. AST and ALT should be monitored prior to initiating Gavreto, every 2 weeks during the first 3 months, then monthly thereafter and as clinically indicated. Gavreto should not be initiated in patients with uncontrolled hypertension and blood pressure should be optimized prior to initiation. Blood pressure should be monitored after 1 week, at least monthly thereafter and as clinically indicated (1).

Gavreto can cause fetal harm when administered to a pregnant woman. Females of reproductive potential should be advised to use effective non-hormonal contraception during treatment with Gavreto and for 2 weeks after the final dose. Males with female partners of reproductive potential should be advised to use effective contraception during treatment with Gavreto and for 1 week after the final dose (1).

The safety and effectiveness of Gavreto have not been established in in pediatric patients less than 18 years of age with *RET* fusion-positive NSCLC or in pediatric patients less than 12 years of age with *RET*-mutant MTC or *RET*-fusion thyroid cancer (1).

## Related policies

Retevmo

## Policy

*This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.*

Gavreto may be considered **medically necessary** in patients with NSCLC, medullary thyroid cancer, or thyroid cancer and if the conditions indicated below are met.

Gavreto is considered **investigational** for all other indications.

## Prior-Approval Requirements

### Diagnoses

Patient must have **ONE** of the following:

1. Metastatic non-small cell lung cancer (NSCLC)
  - a. 18 years of age or older

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- b. *RET* fusion-positive detected by an FDA approved test
- 2. Advanced or metastatic medullary thyroid cancer (MTC)
  - a. 12 years of age or older
  - b. *RET*-positive mutation and patient requires systemic therapy
- 3. Advanced or metastatic thyroid cancer
  - a. 12 years of age or older
  - b. *RET* fusion-positive and patient requires systemic therapy
  - c. Radioactive iodine-refractory (if radioactive iodine is appropriate)

**AND ALL** of the following:

- a. Prescriber agrees to monitor AST, ALT, and blood pressure
- b. Females of reproductive potential **only**: patient will be advised to use effective non-hormonal contraception during treatment with Gavreto and for 2 weeks after the final dose
- c. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Gavreto and for 1 week after the final dose

## Prior – Approval *Renewal* Requirements

### Diagnoses

Patient must have **ONE** of the following:

- 1. Metastatic non-small cell lung cancer (NSCLC)
  - a. 18 years of age or older
- 2. Advanced or metastatic medullary thyroid cancer (MTC)
  - a. 12 years of age or older
- 3. Advanced or metastatic thyroid cancer
  - a. 12 years of age or older

**AND ALL** of the following:

- a. **NO** disease progression or unacceptable toxicity
- b. Prescriber agrees to monitor AST, ALT, and blood pressure

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- c. Females of reproductive potential **only**: patient will be advised to use effective non-hormonal contraception during treatment with Gavreto and for 2 weeks after the final dose
- d. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Gavreto and for 1 week after the final dose

## Policy Guidelines

### Pre - PA Allowance

None

### Prior - Approval Limits

**Quantity** 360 capsules per 90 days

**Duration** 12 months

### Prior – Approval *Renewal* Limits

Same as above

## Rationale

### Summary

Gavreto (pralsetinib) is a kinase inhibitor of wild-type *RET* and oncogenic *RET* fusions and mutations. Certain *RET* fusion proteins and activating point mutations can drive tumorigenic potential through hyperactivation of downstream signaling pathways leading to uncontrolled cell proliferation. Gavreto exhibits anti-tumor activity in models harboring oncogenic *RET* fusions or mutations (1).

Prior authorization is required to ensure the safe, clinically appropriate and cost-effective use of Gavreto while maintaining optimal therapeutic outcomes.

### References

1. Gavreto [package insert]. Cambridge, MA: Blueprint Medicines Corporation; December 2020.

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## Policy History

Date	Action
September 2020	Addition to PA
December 2020	Annual review
January 2021	Addition of indications: medullary thyroid cancer and thyroid cancer
March 2021	Annual review

## Keywords

**This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 12, 2021 and is effective on April 1, 2021.**