

Generic Name: Pralsetinib; Selpercatinib

Therapeutic Class or Brand Name: Gavreto®, Retevmo®

Applicable Drugs (if Therapeutic Class): N/A

GPI Code: 215340760001; 215340790001

Preferred: N/A

Non-preferred: N/A

Date of Origin: 12/15/2020

Date Last Reviewed / Revised: N/A

PRIOR AUTHORIZATION CRITERIA

(MAY BE CONSIDERED MEDICALLY NECESSARY WHEN CRITERIA I - IV ARE MET)

- I. Adult patients with metastatic rearranged during transfection (RET) fusion-positive non-small cell lung cancer as detected by an FDA approved test (NSCLC).
- II. 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).
- III. Adult and pediatric patients 12 years of age and older with advanced or metastatic RET-mutant medullary thyroid cancer (MTC) who require systemic therapy.
- IV. Prescribed by or in consultation with an oncologist or hematologist specialist.

EXCLUSION CRITERIA

- N/A

OTHER CRITERIA

- Interstitial Lung Disease (ILD)/Pneumonitis: Withhold GAVRETO® for Grade 1 or 2 reactions until resolution and then resume at a reduced dose. Permanently discontinue for recurrent ILD/pneumonitis. Permanently discontinue for Grade 3 or 4 reactions
- Hypertension: Do not initiate GAVRETO® or REVTEMO® in patients with uncontrolled hypertension. Optimize blood pressure (BP) prior to initiating GAVRETO® or REVTEMO®. Monitor BP after 1 week, at least monthly thereafter and as clinically indicated. Withhold, reduce dose, or permanently discontinue based on severity
- Hepatotoxicity: Monitor ALT and AST prior to initiating GAVRETO® or REVTEMO®, every 2 weeks during the first 3 months, then monthly thereafter and as clinically indicated. Withhold, reduce dose, or permanently discontinue based on severity.
- QT Interval Prolongation: Monitor patients who are at significant risk of developing QTc prolongation with RETEVMO®. Assess QT interval, electrolytes and TSH at baseline and periodically during treatment. Monitor QT interval more frequently when RETEVMO® is concomitantly administered with strong and moderate CYP3A inhibitors or drugs known to

prolong QTc interval. Withhold and dose reduce or permanently discontinue RETEVMO based on severity

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Gavreto®
 - 100 mg capsule: 4 capsules Daily per 30 day supply
- Retevmo®
 - 40 mg, 80 mg capsules: 120mg – 160mg twice daily per 30 day supply

APPROVAL LENGTH

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

APPENDIX

- N/A

REFERENCES

1. Gavreto® (Pralsetinib) [package insert]. Cambridge, MA: Blueprint Medicines Corporation, December 2020. Available at: <https://www.blueprintmedicines.com/uspi/GAVRETO.pdf>.
2. Retevmo® (Selpercatinib) [package insert]. Indianapolis, IN: Lilly USA, LLC, May 2020. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/213246s000lbl.pdf.
3. Medispan.
4. NCCN Guidelines Version 3.2020 – Thyroid Carcinoma https://www.nccn.org/professionals/physician_gls/pdf/thyroid.pdf
5. NCCN Guidelines Version 2.2021 – Non Small Cell Lung Cancer https://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.