

Market Applicability						
Market	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X

Gavreto (pralsetinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Gavreto (pralsetinib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Gavreto (pralsetinib) may be approved if the following criteria are met:

- I. Individual has metastatic Non-Small Cell Lung Cancer (NSCLC); **AND**
 - A. Individual is 18 years of age or older; **AND**
 - B. Individual has confirmation of RET fusion (or rearrangement) positive tumors; **AND**
 - C. Individual has not received treatment with another RET rearrangement positive-targeted agent, such as cabozantinib, vandetanib, or selpercatinib (NCT03037385).

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: September 10, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2020 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on September 10, 2020.
 - a. Non-Small Cell Lung Cancer. V6.2020. Revised June 15, 2020.
6. NCT03037385. ClinicalTrials.gov. U.S. National Library of Medicine. Available at <https://clinicaltrials.gov/ct2/show/NCT03037385?term=nct03037385&draw=2&rank=1>. Accessed on September 11, 2020.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

CRX-ALL-0606-20

PAGE 1 of 2 10/19/2020
New Program Date 10/19/2020

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability						
Market	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.