Commercial/Healthcare Exchange PA Criteria

Effective: November 11, 2020

Prior Authorization: Gavreto

Products Affected: Gavreto (pralsetinib)

Medication Description: Gavreto, a kinase inhibitor, is indicated for the treatment of non-small cell lung cancer (NSCLC) in adult patients with metastatic rearranged during transfection (RET) fusion-positive disease as detected by an FDA approved test. This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trial(s).

Covered Uses: Adult patients with metastatic RET fusion-positive non-small cell lung cancer (NSCLC)

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. RET mutation status

Age Restrictions: 18 years of age or older

Prescriber Restrictions: Prescribed by, or in consultation with, an oncologist.

Coverage Duration: 3 years

Other Criteria:

1. Patient has a diagnosis of metastatic non-small cell lung cancer (NSCLC); **AND**
2. Patient's disease is RET fusion-positive detected by an FDA approved test.

References:

1. Gavreto (pralsetinib) [Prescribing Information] Cambridge, MA: Blueprint Medicines Corporation; September 2020. Accessed Oct 6, 2020.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	11/11/20