RXADVANCE
2 Park Central Drive
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Clinical Policy Title:	dabrafenib
Policy Number:	RxA.526
Drug(s) Applied:	Tafinlar®
Original Policy Date:	03/06/2020
Last Review Date:	12/07/2020
Line of Business Policy Applies to:	All lines of business

Background

Dabrafenib (Tafinlar®) is a kinase inhibitor. It is indicated:

- As a single agent for the treatment of patients with unresectable or metastatic melanoma with BRAF V600E mutation as detected by an FDA-approved test
- In combination with trametinib:
  - For the treatment of patients with unresectable or metastatic melanoma with BRAF V600E or V600K mutations as detected by an FDA-approved test
  - For the adjuvant treatment of patients with melanoma with BRAF V600E or V600K mutations, as detected by an FDA-approved test, and involvement of lymph node(s), following complete resection
  - For the treatment of patients with metastatic non-small cell lung cancer (NSCLC) with BRAF V600E mutation as detected by an FDA-approved test
  - For the treatment of patients with locally advanced or metastatic anaplastic thyroid cancer (ATC) with BRAF V600E mutation and with no satisfactory locoregional treatment options.

Limitation(s) of use: Tafinlar® is not indicated for treatment of patients with wild-type BRAF melanoma, wild-type BRAF NSCLC, or wild-type BRAF ATC.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
dabrafenib (Tafinlar®)	Melanoma, NSCLC, ATC	150 mg PO twice daily	300 mg/day

Dosage Forms

- Capsules: 50 mg, 75 mg

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

I. Initial Approval Criteria

A. Melanoma (must meet all)**:**

1. Diagnosis of melanoma with BRAF V600E or V600K mutation;
2. Disease meets one of the following (a or b):
   a. Unresectable or metastatic;
   b. Presence of lymph node(s) involvement following complete resection;
3. Prescribed by or in consultation with an oncologist;
4. Age ≥ 18 years;
5. Prescribed in combination with trametinib;
6. Request meets one of the following (a or b):*
   a. Dose does not exceed 300 mg (4 capsules) per day;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Prescribed regimen must be FDA-approved or recommended by NCCN.*

Approval Duration
Medicaid: 6 months
Commercial: 6 months
HIM: 6 months

B. Non-Small Cell Lung Cancer (must meet all)**:**

1. Diagnosis of advanced, metastatic or recurrent NSCLC;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Disease is positive for a BRAF V600E mutation;
5. Prescribed as one of the following ways (a or b):
   a. In combination with trametinib;
   b. As monotherapy;
6. Request meets one of the following (a or b):*
   a. Dose does not exceed 300 mg (4 capsules) per day;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Prescribed regimen must be FDA-approved or recommended by NCCN.*

Approval Duration
Medicaid: 6 months
Commercial: 6 months
HIM: 6 months

C. Anaplastic Thyroid Cancer (ATC) (must meet all)**:**

1. Diagnosis of ATC;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Disease is positive for BRAF V600E mutation;
5. Prescribed in combination with trametinib;
6. Request meets one of the following (a or b):*
   a. Dose does not exceed 300 mg (4 capsules) per day;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Prescribed regimen must be FDA-approved or recommended by NCCN.*

Approval Duration
Commercial: 6 months

Medicaid: 6 months
HIM: 6 months

II. Continued Therapy Approval

A. All Indications in Section I (must meet all)**:**

1. Currently receiving medication that has been authorized by RxAdvance or documentation supports that member is currently receiving Tafinlar® for a covered indication and has received this medication for at least 30 days;
2. Member is responding positively to therapy;
3. If request is for a dose increase, request meets one of the following (a or b):*
   a. New dose does not exceed 300 mg (4 capsules) per day;
   b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).
   **Prescribed regimen must be FDA-approved or recommended by NCCN.*

Approval Duration
Commercial: 6 months
Medicaid: 6 months
HIM: 6 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key

Appendix A: Abbreviation/Acronym Key
ATC: anaplastic thyroid cancer
BRAF: B-Raf proto-oncogene, serine/ threonine kinase
FDA: Food and Drug Administration
NSCLC: non-small cell lung cancer

APPENDIX B: Therapeutic Alternatives

Not applicable

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - None reported

- Boxed Warning(s):
  - None reported

APPENDIX D: General Information

- Nearly half of patients with melanoma have a BRAF mutation gene. The most common forms of the BRAF mutation are V600E (80-90%) and V600K (10-20%).
- Tafinlar® can potentiate the activity of the mitogen-activated protein kinases (MAPK) pathway in cells with wild-type BRAF and could accelerate the growth of some tumors with wild-type BRAF.
- Tafinlar® is not FDA-approved to treat patients with V600K mutations. Studies with less than 20 patients showed a partial response rate ranging from 13 to 25 percent. Mekinist® is FDA-approved to treat V600K mutations.
- According to NCCN, Tafinlar® has category 2A recommendation for BRAF 600E mutation non-small lung cancer as a single agent or in combination with trametinib.
- According to NCCN, Tafinlar® has category 2A recommendation for combination treatment with

Mekinist® for brain metastases if active against primary tumor (melanoma) for recurrent disease.

References

1. Tafinlar® Prescribing Information. East Hanover, NJ: Novartis Pharmaceuticals Corporation; April 2020. Available at: www.pharma.us.novartis.com/product/pi/pdf/tafinlar.pdf. Accessed September 13, 2020.
2. Dabrafenib. In: National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at NCCN.org. Accessed September 8, 2020.
3. National Comprehensive Cancer Network. Cutaneous Melanoma Version 4.2020. Available at: https://www.nccn.org/professionals/physician_gls/pdf/cutaneous_melanoma.pdf. Updated September 1, 2020. Accessed September 13, 2020.
4. National Comprehensive Cancer Network Guidelines. Central Nervous System Cancers Version 3.2020. Available at: https://www.nccn.org/professionals/physician_gls/pdf/cns.pdf. Updated September 11, 2020. Accessed September 13, 2020.
5. National Comprehensive Cancer Network Guidelines. Non-Small Cell Lung Cancer Version 7.2020. Available at: https://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf. Updated September 11, 2020. Accessed September 13, 2020.
6. National Comprehensive Cancer Network Guidelines. Thyroid Carcinoma Version 2.2020. Available at: https://www.nccn.org/professionals/physician_gls/pdf/thyroid.pdf. Updated July 15, 2020. Accessed September 13, 2020.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	01/2020	03/06/2020
Policy was reviewed: 1. Policy title table was updated. Line of business policy applies was updated to all lines of business 2. Initial approval criteria I.A.5 was updated to reflect current guideline prescribing methods. 3. Initial approval criteria I.B.5 was updated to reflect current guideline prescribing methods. 4. Updated brand name Mekinist® to generic trametinib in initial approval criteria. 5. Continued therapy criteria II.A.1 was rephrased to "Currently receiving medication that has been authorized by RxAdvance…". 6. Commercial approval	09/13/2020	12/07/2020

duration was updated from length of benefit to 6 months for initial and continued approval criteria. 7. References were updated.		