Drug Policy:

Tafinlar™ (dabrafenib)

POLICY NUMBER UM ONC_1250	**SUBJECT** Tafinlar™ (dabrafenib)		**DEPT/PROGRAM** UM Dept	**PAGE 1 OF 4**
DATES COMMITTEE REVIEWED 09/18/13, 10/06/14, 11/12/14, 04/07/16, 02/06/17, 08/08/18, 07/10/19, 12/11/19, 04/08/20, 06/10/20, 05/12/21, 10/13/21, 11/15/21, 05/11/22, 08/10/22, 02/08/23, 04/12/23, 05/10/23, 05/08/24	**APPROVAL DATE** May 08,2024	**EFFECTIVE DATE** May 31, 2024	**COMMITTEE APPROVAL DATES** 09/18/13, 10/06/14, 11/12/14, 04/07/16, 02/06/17, 08/08/18, 07/10/19, 12/11/19, 04/08/20, 06/10/20, 05/12/21, 10/13/21, 11/15/21, 05/11/22, 08/10/22, 02/08/23, 04/12/23, 05/10/23, 05/08/24	
PRIMARY BUSINESS OWNER: UM		**COMMITTEE/BOARD APPROVAL** Utilization Management Committee		
NCQA STANDARDS UM 2		**ADDITIONAL AREAS OF IMPACT**		
CMS REQUIREMENTS	**STATE/FEDERAL REQUIREMENTS**		**APPLICABLE LINES OF BUSINESS** Commercial, Exchange, Medicaid	

I. PURPOSE

To define and describe the accepted indications for Tafinlar (dabrafenib) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

Evolent is responsible for processing all medication requests from network ordering providers. Medications not authorized by Evolent may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

II. INDICATIONS FOR USE/INCLUSION CRITERIA

A. Continuation requests for a not-approvable medication shall be exempt from this Evolent policy provided:

1. The requested medication was used within the last year, AND
2. The member has not experienced disease progression and/or no intolerance to the requested medication, AND
3. Additional medication(s) are not being added to the continuation request.

B. Low Grade Glioma

1. Tafinlar (dabrafenib)may be used in combination with Mekinist (trametinib) in members 1 year of age and older with low grade glioma with a BRAF V600E mutation.

C. Melanoma

1. Tafinlar (dabrafenib) may be used in combination with Mekinist (trametinib) as adjuvant treatment, following complete resection, for melanoma with BRAF V600E or V600K mutations OR
2. Tafinlar (dabrafenib) may be used in combination with Mekinist (trametinib) in members with unresectable or metastatic BRAF V600E or V600K mutation positive melanoma.

D. Non-Small Cell Lung Cancer (NSCLC)

1. Tafinlar (dabrafenib) may be used in combination with Mekinist (trametinib) as first line or subsequent line therapy for recurrent or metastatic BRAF V600E mutation-positive NSCLC, if anti-BRAF targeted therapy was not previously used.

E. Solid Tumors with BRAF V600E mutation (excluding colorectal cancer)

1. Tafinlar (dabrafenib) may be used in combination with Mekinist (trametinib) in adult or pediatric members greater than or equal to 1 year of age with unresectable or metastatic solid tumors with BRAF V600E mutation, as subsequent therapy.

F. Thyroid Cancer

1. The member has anaplastic, papillary, follicular, and Hürthle Cell thyroid carcinoma and Tafinlar (dabrafenib) may be used in combination with Mekinist (trametinib) for radioactive iodine-refractory (if radioactive iodine therapy is appropriate) BRAF V600E mutation positive unresectable/recurrent/metastatic disease.

III. EXCLUSION CRITERIA

A. The member has wild-type BRAF tumors.

B. Disease progression while taking any MEK inhibitor + BRAF inhibitor combination.

C. The presence of KRAS or NRAS mutations in the member's colorectal cancer.

D. Dosing exceeds single dose limit of Tafinlar (dabrafenib) 150 mg.

E. Treatment exceeds the maximum limit of 180 (50 mg) tablets/month or 120 (75 mg) tablets/month.

F. Treatment exceeds the maximum 12 months duration limit when used as adjuvant melanoma treatment following complete resection of the primary lesion and completion of a regional lymph node dissection.

G. Investigational use of Tafinlar (dabrafenib) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:

1. Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
2. Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
3. Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definitions of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of less than 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
4. Whether the experimental design, considering the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it

may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).

5. That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
6. That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
7. That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

IV. MEDICATION MANAGEMENT

A. Please refer to the FDA label/package insert for details regarding these topics.

V. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

A. None

VII. REFERENCES

A. Long GV, et al. COMBI-d Clinical Trial. Dabrafenib plus trametinib versus dabrafenib monotherapy in patients with metastatic BRAF V600E/K-mutant melanoma: long-term survival and safety analysis of a phase 3 study. Ann Oncol. 2017 Jul 1;28(7):1631-1639.

B. Bouffet E, et al. Efficacy and Safety of Trametinib Monotherapy or in Combination With Dabrafenib in Pediatric *BRAF* V600-Mutant Low-Grade Glioma. J Clin Oncol. 2023 Jan 20;41(3):664-674. doi: 10.1200/JCO.22.01000.

C. Hargrave DR, et al; Investigators involved in the high-grade glioma cohort. Phase II Trial of Dabrafenib Plus Trametinib in Relapsed/Refractory *BRAF* V600-Mutant Pediatric High-Grade Glioma. J Clin Oncol. 2023 Nov 20;41(33):5174-5183. doi: 10.1200/JCO.23.00558.

D. Robert C, et al. COMBI-v Clinical Trial. Five-Year Outcomes with Dabrafenib plus Trametinib in Metastatic Melanoma. N Engl J Med. 2019 Aug 15;381(7):626-636.

E. Consoli F, et al. Network indirect comparison of 3 BRAF + MEK inhibitors for the treatment of advanced BRAF mutated melanoma. Clin Transl Oncol. 2020 Jun;22(6):900-907.

F. Tafinlar prescribing information. Novartis Pharmaceuticals Corporation East Hanover, NJ. 2024.

G. Clinical Pharmacology Elsevier Gold Standard 2023

H. Micromedex® Healthcare Series: Micromedex Drugdex Ann Arbor, Michigan 2023.

I. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2023.

J. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD 2023.

K. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. J Clin Oncol. 2014 Apr 20;32(12):1277-80.

L. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf.