

PRIOR AUTHORIZATION POLICY

POLICY: Oncology – Tafinlar Prior Authorization Policy

- Tafinlar® (dabrafenib capsules and tablets for oral suspension – Novartis)

REVIEW DATE: 04/24/2024

OVERVIEW

Tafinlar, a BRAF inhibitor, is indicated for the following uses:¹

- **Low-grade glioma**, in combination with Mekinist® (trametinib tablets and oral solution), for the treatment of pediatric patients ≥ 1 year of age with a BRAF V600E mutation who require systemic therapy.
- **Melanoma**, in the following situations:¹
 - As a single agent for unresectable or metastatic disease with *BRAF V600E* mutation as detected by an FDA-approved test.
 - In combination with Mekinist, for unresectable or metastatic disease with a *BRAF V600E* or *V600K* mutation, as detected by an FDA-approved test.
 - In combination with Mekinist, as adjuvant treatment of *BRAF V600E* or *V600K* mutation-positive disease as detected by an FDA-approved test, with involvement of the lymph node(s), following complete resection.
- **Non-small cell lung cancer**, in combination with Mekinist for disease that has the *BRAF V600E* mutation as detected by an FDA-approved test.
- **Solid tumors - unresectable or metastatic**, in combination with Mekinist, for *BRAF V600E* mutation-positive disease, as determined by an FDA-approved test, in patients ≥ 1 year of age who have no satisfactory alternative treatment options.
- **Thyroid cancer**, in combination with Mekinist, for locally advanced or metastatic anaplastic disease with *BRAF V600E* mutation and with no satisfactory locoregional treatment options.

Limitations of Use: Tafinlar is not indicated for treatment of patients with colorectal cancer because of the known intrinsic resistance to BRAF inhibition. Tafinlar is not indicated for treatment of patients with wild-type BRAF solid tumors.

Dosing: For the tablet dosage form, Tafinlar has dosing for patients who are adults and for patients who are between 6 and 17 years of age and weigh ≥ 26 kg. The oral solution dosage form also has weight-based dosing for patients ≥ 8 kg.

Guidelines

National Comprehensive Cancer Network (NCCN) guidelines support use in multiple cancers.

- **Central Nervous System Cancers:** Guidelines (version 1.2023 – March 24, 2023) recommend a BRAF/MEK inhibitor combination (i.e., Tafinlar/Mekinist or Zelboraf® [vemurafenib tablets]/Cotellic® [cobimetinib tablets]) for treatment of *BRAF V600E* activation mutations in adults in the following situations: adjuvant treatment of pilocytic astrocytoma, pleomorphic xanthoastrocytoma, or ganglioglioma; recurrent or progressive low-grade glioma, oligodendroglioma, or isocitrate dehydrogenase-2 (*IDH2*)-mutant astrocytoma; and recurrent glioblastoma. BRAF/MEK combination therapy is also recommended for melanoma with brain metastases.⁶ Guidelines for pediatric central nervous system (CNS) cancers (version 1.2024 – February 26, 2024) include targeted therapy with Tafinlar + Mekinist as adjuvant therapy or for recurrent or progressive disease, if the cancer has a *BRAF V600E* mutation.⁹

04/24/2024

© 2024. All Rights Reserved.

This document is confidential and proprietary. Unauthorized use and distribution are prohibited.

- **Histiocytic Neoplasms:** Guidelines (version 1.2024 – March 15, 2024) recommend Zelboraf as “preferred” or Tafenlar as “other recommended regimen” for *BRAF V600E*-mutated Erdheim-Chester disease, and for multisystem, pulmonary, or CNS Langerhans cell histiocytosis.⁵
- **Melanoma, Cutaneous:** Guidelines (version 2.2024 – April 3, 2024) recommend BRAF/MEK inhibitor combinations among the “preferred” therapies for first-line and subsequent treatment of metastatic or unresectable melanoma with a *V600*-activating mutation.² While combination BRAF/MEK inhibition is preferred, if a combination is contraindicated, monotherapy with a BRAF inhibitor is an option. Tafenlar + Mekinist is also recommended in guidelines as adjuvant therapy (including for nodal recurrence) in some patients with Stage III disease, including use post-surgery or use after complete lymph node dissection. If unacceptable toxicity to Tafenlar/Mekinist, other BRAF/MEK combinations can be considered.
- **Non-Small Cell Lung Cancer:** Guidelines (version 5.2024 – April 23, 2024) list Tafenlar + Mekinist among the first-line therapy and subsequent therapy options for tumors with a *BRAF* mutation.³ NCCN also notes that monotherapy with a BRAF inhibitor (Tafenlar or Zelboraf) is a treatment option when combination therapy is not tolerated.

The NCCN Compendium⁷ recommends use of Tafenlar, in combination with Mekinist, for the following *BRAF V600* positive tumors (all category 2A): High-grade gliomas, ampullary adenocarcinoma, neuroendocrine tumors, occult primary, pancreatic adenocarcinoma, salivary gland tumors, ovarian/fallopian tube/primary peritoneal cancer, hairy cell leukemia, esophageal and esophagogastric junction cancers, gastric cancer, biliary tract cancers, small bowel adenocarcinoma, gastrointestinal stromal tumors, brain metastases due to melanoma, and differentiated thyroid carcinoma.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Tafenlar. All approvals are provided for the duration noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Tafenlar is recommended in those who meet one of the following criteria:

FDA-Approved Indications

1. **Low Grade Glioma.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
 - A) Patient is ≥ 1 year of age; AND
 - B) Patient has *BRAF V600* mutation-positive disease; AND
 - C) The medication will be taken in combination with Mekinist (trametinib tablets or oral solution); AND
 - D) Patient requires systemic therapy.

Melanoma. Approve for 1 year if the patient meets BOTH of the following (A and B):

- A) Patient has unresectable, advanced (including Stage III or Stage IV disease), or metastatic melanoma; AND

Note: This includes adjuvant treatment in patients with Stage III disease with no evidence of disease post-surgery.

- B) Patient has *BRAF V600* mutation-positive disease.

3. Non-Small Cell Lung Cancer. Approve for 1 year if the patient has *BRAF V600* mutation-positive disease.

4. Solid Tumors – Unresectable or Metastatic. Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):

Note: Examples of solid tumors are: biliary tract cancer, brain metastases due to melanoma, high-grade gliomas, ovarian/fallopian tube/primary peritoneal cancer, differentiated thyroid carcinoma, gastrointestinal stromal tumors, gastric cancer, esophageal and esophagogastric junction cancers, salivary gland tumors, occult primary, pancreatic adenocarcinoma, neuroendocrine tumors, and ampullary adenocarcinoma.

- A) Patient is ≥ 1 year of age; AND

- B) Patient has *BRAF V600* mutation-positive disease; AND

- C) The medication will be taken in combination with Mekinist (trametinib tablets or oral solution); AND

- D) According to the prescriber, the patient has no satisfactory alternative treatment options.

5. Thyroid Carcinoma, Anaplastic. Approve for 1 year if the patient meets ALL of the following (A, B, and C):

- A) Patient has locally advanced or metastatic anaplastic disease; AND

- B) Patient has *BRAF V600* mutation-positive disease; AND

- C) The medication will be taken in combination with Mekinist (trametinib tablets or oral solution), unless intolerant.

Other Uses with Supportive Evidence

6. Hairy Cell Leukemia. Approve for 1 year if the patient meets ALL of the following (A, B, and C):

- A) Patient has not been previously treated with a BRAF inhibitor therapy; AND

- B) The medication will be used for relapsed/refractory disease; AND

- C) The medication will be taken in combination with Mekinist (trametinib tablets and oral solution).

7. Histiocytic Neoplasm. Approve for 1 year if the patient meets BOTH of the following (A and B):

- A) Patient meets one of the following (i or ii):

- i. Patient has Langerhans cell histiocytosis AND one of the following (a, b, or c):

- a) Multisystem disease; OR

- b) Pulmonary disease; OR

- c) Central nervous system lesions; OR

- ii. Patient has Erdheim-Chester disease; AND

- B) Patient has *BRAF V600*-mutation positive disease.

- 8. Small Bowel Adenocarcinoma.** Approve for 1 year if the patient meets BOTH of the following (A and B):
- A)** Patient meets BOTH of the following (i and ii):
 - i.** Patient has *BRAF V600E* mutation-positive advanced or metastatic disease; AND
 - ii.** The medication will be taken in combination with Mekinist (trametinib tablets and oral solution); AND
 - B)** Patient meets ONE of the following (i or ii):
 - i.** Patient meets BOTH of the following (a and b):
 - a)** The medication will be used as initial therapy; AND
 - b)** Patient has received previous FOLFOX/CAPEOX therapy in the adjuvant setting within the past 12 months or has a contraindication; OR
 - ii.** The medication will be used as second-line and subsequent therapy.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Tafinlar is not recommended in the following situations:

- 1. Colon or Rectal Cancer.** Tafinlar is not indicated for treatment of patients with colorectal cancer because of known intrinsic resistance to BRAF inhibition.¹
- 2.** Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Tafinlar® capsules and tablets for oral suspension [prescribing information]. East Hanover, NJ: Novartis; March 2024.
2. The NCCN Melanoma: Cutaneous Clinical Practice Guidelines in Oncology (version 2.2024 – April 3, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org/>. Accessed on April 22, 2024.
3. The NCCN Non-Small Cell Lung Cancer Clinical Practice Guidelines in Oncology (version 5.2024 – April 23, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org/>. Accessed on April 23, 2024.
4. The NCCN Thyroid Carcinoma Clinical Practice Guidelines in Oncology (version 2.2024 – March 12, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org/>. Accessed on April 22, 2024.
5. The NCCN Histiocytic Neoplasms Clinical Practice Guidelines in Oncology (version 1.2024 – March 15, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org/>. Accessed on April 22, 2024.
6. The NCCN Central Nervous System Cancers Clinical Practice Guidelines in Oncology (version 1.2023 – March 24, 2023). © 2023 National Comprehensive Cancer Network. Available at: <http://www.nccn.org/>. Accessed on April 22, 2024.
7. The NCCN Pediatric Central Nervous System Cancers Clinical Practice Guidelines in Oncology (version 1.2024 – February 26, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org/>. Accessed on April 22, 2024.
8. The NCCN Drugs & Biologics Compendium. © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org/>. Accessed on April 22, 2024. Search term: dabrafenib.

