Reference number(s)
1683-A

SPECIALTY GUIDELINE MANAGEMENT

TAFINLAR (dabrafenib)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met, and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications
1. Tafinlar 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.
2. Tafinlar is indicated, 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.
3. Tafinlar is indicated, in combination with trametinib, 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.
4. Tafinlar is indicated, in combination with trametinib, for the treatment of patients with metastatic non-small cell lung cancer (NSCLC) with BRAF V600E mutation as detected by an FDA-approved test.
5. Tafinlar is indicated, in combination with trametinib, for the treatment of patients with locally advanced or metastatic anaplastic thyroid cancer (ATC) with BRAF V600E mutation and no satisfactory locoregional treatment options.
6. Tafinlar is indicated, in combination with trametinib, for the treatment of adult and pediatric patients 6 years of age and older with unresectable or metastatic solid tumors with BRAF V600E mutation who have progressed following prior treatment and have no satisfactory alternative treatment options.

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

B. Compendial Uses
1. Melanoma, BRAF V600 activating mutation-positive
2. Brain metastases from melanoma
3. NSCLC, BRAF V600E
4. Glioma, BRAF V600 activating mutation-positive
5. Meningioma, BRAF V600 activating mutation-positive
6. Astrocytoma, BRAF V600 activating mutation-positive
7. Thyroid Carcinoma
   a. Anaplastic carcinoma
   b. Papillary carcinoma
   c. Follicular carcinoma
   d. Hűrthle cell carcinoma
8. Hepatobiliary Cancers
   a. Gallbladder Cancer
   b. Extrahepatic Cholangiocarcinoma
   c. Intrahepatic Cholangiocarcinoma

9. Histiocytic Neoplasms
    a. Erdheim-Chester Disease
    b. Langerhans Cell Histiocytosis
10. Ovarian cancer/fallopian tube cancer/primary peritoneal cancer

All other indications are considered experimental/investigational and not medically necessary.

II. DOCUMENTATION

Submission of BRAF mutation documentation is necessary to initiate prior authorization review.

III. CRITERIA FOR INITIAL APPROVAL

A. Cutaneous melanoma

Authorization of 12 months may be granted for treatment of melanoma with a BRAF V600 activating mutation (e.g., V600E or V600K) in any of the following settings:

1. Unresectable or metastatic cutaneous melanoma as a single agent or in combination with trametinib (Mekinist).
2. Brain metastases from melanoma in combination with trametinib (Mekinist).
3. Adjuvant treatment of resected stage III cutaneous melanoma in combination with trametinib (Mekinist).
4. Limited resectable local satellite/in-transit recurrent disease in combination with trametinib (Mekinist).

B. Non-Small Cell Lung Cancer (NSCLC)

Authorization of 12 months may be granted for treatment of BRAF V600E mutation-positive advanced or metastatic NSCLC as a single agent or in combination with trametinib (Mekinist).

C. Central Nervous System Cancer

Authorization of 12 months may be granted for treatment of BRAF V600 mutation-positive gliomas, meningiomas, or astrocytomas.

D. Thyroid Cancer

Authorization of 12 months may be granted for treatment of thyroid carcinoma when any of the following criteria are met:

1. Member has progressive and/or symptomatic BRAF-positive follicular, Hürthle cell, or papillary thyroid carcinoma that is not amenable to radioactive iodine (RAI) therapy.
2. Member has BRAF V600E mutation positive locally advanced, metastatic, or borderline resectable anaplastic thyroid carcinoma and the requested medication will be used in combination with trametinib (Mekinist).

E. Hepatobiliary Cancers

Authorization of 12 months may be granted for subsequent treatment of progressive BRAF-V600E mutated unresectable or metastatic gallbladder cancer, extrahepatic cholangiocarcinoma, or intrahepatic cholangiocarcinoma in combination with trametinib (Mekinist).

F. Histiocytic Neoplasms

Authorization of 12 months may be granted for treatment of BRAF V600E mutation-positive Erdheim-Chester disease or Langerhans cell histiocytosis as a single agent.

G. Solid Tumors

Authorization of 12 months may be granted for treatment of unresectable or metastatic solid tumors when all of the following criteria are met:

1. The tumors are BRAF V600E mutation positive.
2. The disease has progressed following prior treatment and there are no satisfactory alternative treatment options.
3. The member is 6 years of age or older.
4. The requested medication will not be used for the treatment of colorectal cancer.
5. The requested medication will be used in combination with trametinib (Mekinist).

H. Ovarian Cancer, Fallopian Tube Cancer, and Primary Peritoneal Cancer

Authorization of 12 months may be granted for treatment of persistent or recurrent BRAF-V600E positive epithelial ovarian cancer, fallopian tube cancer, primary peritoneal cancer, carcinosarcoma (malignant mixed Mullerian tumors), clear cell carcinoma of the ovary, grade 1 endometrioid carcinoma, low-grade serious carcinoma/ovarian borderline epithelial tumor (low malignant potential), or mucinous carcinoma of the ovary, in combination with trametinib (Mekinist).

IV. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section III when there is no evidence of unacceptable toxicity or disease progression or recurrence while on the current regimen. For patients using Tafinlar for adjuvant treatment of cutaneous melanoma, only 12 months of therapy total will be approved.

V. REFERENCES

1. Tafinlar [package insert]. East Hanover, NJ: Novartis Pharmaceutical Corporation; June 2022.
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3. Micromedex Solutions [database online]. Ann Arbor, MI: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed November 17, 2022.
4. Usubalieva A, Pierson CR, Kavran CA, et al. Primary Meningeal Pleomorphic Xanthoastrocytoma With Anaplastic Features: A Report of 2 Cases, One With BRAFV600E Mutation and Clinical Response to the BRAF Inhibitor Dabrafenib. Journal of neuropathology and experimental neurology. 2015;74(10):960-969. doi:10.1097/NEN.0000000000000240.
5. Mordechai O, Postovsky S, Vlodavsky E, et al. Metastatic Rhabdoid Meningioma with BRAF V600E Mutation and Good Response to Personalized Therapy: Case Report and Review of the Literature. Pediatric Hematology and Oncology. 2015; 32:3, 207-211, DOI: 10.3109/08880018.2014.936058
6. Lassaletta, A, Guerreiro Stucklin, A, Ramaswamy, V, et al. Profound clinical and radiological response to BRAF inhibition in a 2-month-old diencephalic child with hypothalamic/chiasmatic glioma. Pediatric Blood and Cancer. 2016; 63: 2038-2041. doi:10.1002/pbc.26086.
7. Meletath SK, Pavlick D, Brennan T, et al. Personalized Treatment for a Patient with a BRAF V600E Mutation using Dabrafenib and a Tumor Treatment Fields Device in a High-Grade Glioma Arising from Ganglioglioma. *Journal of the National Comprehensive Cancer Network.* 2016; 14(11): 1345-1350.