

## pralsetinib capsule (GAVRETO)

### Diagnosis Considered for Coverage:

- RET fusion-positive non-small cell lung cancer (NSCLC)
- RET mutant medullary thyroid cancer (MTC)
- RET fusion-positive thyroid cancer

### COVERAGE CRITERIA:

#### For diagnosis of non-small cell lung cancer (NSCLC):

- Being used for unresectable, recurrent, refractory, or metastatic disease, **and**
- Presence of RET rearrangement genetic alteration, **and**
- Dose does not exceed 400 mg per day.

#### For diagnosis of thyroid cancer:

<b>MEDULLARY</b>	<ul style="list-style-type: none"> <li>• Being used for recurrent, refractory, or metastatic disease, <b>and</b></li> <li>• Presence of RET rearrangement genetic alteration, <b>and</b></li> <li>• Dose does not exceed 400 mg per day.</li> </ul>
<b>PAPILLARY, HURTHLE, OR FOLLICULAR</b>	<ul style="list-style-type: none"> <li>• Being used for recurrent, refractory, or metastatic disease, <b>and</b></li> <li>• Presence of RET rearrangement genetic alteration, <b>and</b></li> <li>• One of the following: <ul style="list-style-type: none"> <li>• Patient's disease is refractory to radioactive iodine (RAI) therapy, OR</li> <li>• Patient has contraindication or intolerance to further RAI treatment, <b>and</b></li> </ul> </li> <li>• Dose does not exceed 400 mg per day.</li> </ul>
<b>ANAPLASTIC</b>	<ul style="list-style-type: none"> <li>• Being used for advanced, recurrent, refractory, or metastatic disease, <b>and</b></li> <li>• Presence of RET rearrangement genetic alteration, <b>and</b></li> <li>• Dose does not exceed 400 mg per day.</li> </ul>

**Coverage Duration:** one year

Effective Date: 11/02/2023