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Section:	Prescription Drugs	**Effective Date:**	April 1, 2025
Subsection:	Antineoplastic Agents	**Original Policy Date:**	September 25, 2020
Subject:	Gavreto	**Page:**	1 of 5

Last Review Date: March 7, 2025

Gavreto

Description

Gavreto (pralsetinib)

Background
Gavreto (pralsetinib) is a kinase inhibitor of wild-type *RET* and oncogenic *RET* fusions and mutations. Certain *RET* fusion proteins and activating point mutations can drive tumorigenic potential through hyperactivation of downstream signaling pathways leading to uncontrolled cell proliferation. Gavreto exhibits anti-tumor activity in models harboring oncogenic *RET* fusions or mutations (1).

Regulatory Status
FDA-approved indications: Gavreto is a kinase inhibitor indicated for the treatment of: (1)

- Adult patients with metastatic rearranged during transfection (*RET*) fusion-positive non-small cell lung cancer (NSCLC) as detected by an FDA approved test
- Adult and pediatric patients 12 years of age and older with advanced or metastatic *RET* fusion-positive thyroid cancer who require systemic therapy and who are radioactive iodine-refractory (if refractory iodine is appropriate)

Patients should be selected for treatment with Gavreto based on the presence of a *RET* gene fusion (NSCLC or thyroid cancer) (1).

Gavreto has warnings regarding hepatotoxicity and hypertension. AST and ALT should be monitored prior to initiating Gavreto, every 2 weeks during the first 3 months, then monthly thereafter and as clinically indicated. Gavreto should not be initiated in patients with

uncontrolled hypertension and blood pressure should be optimized prior to initiation. Blood pressure should be monitored after 1 week, at least monthly thereafter and as clinically indicated (1).

Gavreto can cause fetal harm when administered to a pregnant woman. Females of reproductive potential should be advised to use effective non-hormonal contraception during treatment with Gavreto and for 2 weeks after the final dose. Males with female partners of reproductive potential should be advised to use effective contraception during treatment with Gavreto and for 1 week after the final dose (1).

The safety and effectiveness of Gavreto have not been established in pediatric patients less than 18 years of age with *RET* fusion-positive NSCLC or in pediatric patients less than 12 years of age with *RET* fusion-positive thyroid cancer (1).

Related policies
Retevmo

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Gavreto may be considered **medically necessary** if the conditions indicated below are met.

Gavreto may be considered **investigational** for all other indications.

Prior-Approval Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Metastatic non-small cell lung cancer (NSCLC)
    a. 18 years of age or older
    b. *RET* fusion-positive detected by an FDA approved test
2. Advanced or metastatic thyroid cancer
    a. 12 years of age or older
    b. *RET* fusion-positive and patient requires systemic therapy

c. Radioactive iodine-refractory (if radioactive iodine is appropriate)

AND ALL of the following:

a. Prescriber agrees to monitor AST, ALT, and blood pressure
b. Females of reproductive potential **only**: patient will be advised to use effective non-hormonal contraception during treatment with Gavreto and for 2 weeks after the final dose
c. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Gavreto and for 1 week after the final dose

Prior – Approval *Renewal* Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Metastatic non-small cell lung cancer (NSCLC)
   a. 18 years of age or older
2. Advanced or metastatic thyroid cancer
   a. 12 years of age or older

AND ALL of the following:

a. **NO** disease progression or unacceptable toxicity
b. Prescriber agrees to monitor AST, ALT, and blood pressure
c. Females of reproductive potential **only**: patient will be advised to use effective non-hormonal contraception during treatment with Gavreto and for 2 weeks after the final dose
d. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Gavreto and for 1 week after the final dose

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity 360 capsules per 90 days

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Gavreto (pralsetinib) is a kinase inhibitor of wild-type *RET* and oncogenic *RET* fusions and mutations. Certain *RET* fusion proteins and activating point mutations can drive tumorigenic potential through hyperactivation of downstream signaling pathways leading to uncontrolled cell proliferation. Gavreto exhibits anti-tumor activity in models harboring oncogenic *RET* fusions or mutations (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Gavreto while maintaining optimal therapeutic outcomes.

References

1. Gavreto [package insert]. South San Fracisco, CA: Rigel Pharmaceuticals, Inc.; June 2024.
2. NCCN Drugs & Biologics Compendium® Pralsetinib 2025. National Comprehensive Cancer Network, Inc. Accessed on January 14, 2025.

Policy History

Date	Action
September 2020	Addition to PA
December 2020	Annual review
January 2021	Addition of indications: medullary thyroid cancer and thyroid cancer
March 2021	Annual review
March 2022	Annual review and reference update
June 2023	Annual review and reference update
September 2023	Per PI update, removed indication for MTC
December 2023	Annual review and reference update
March 2024	Annual review and reference update
December 2024	Annual review and reference update

March 2025	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 7, 2025 and is effective on April 1, 2025.