



Tafinlar® (dabrafenib) (Oral)

Document Number: IC-0174

Last Review Date: 10/03/2023 Date of Origin: 06/25/2013

Dates Reviewed: 01/2014, 12/2014, 10/2015, 10/2016, 10/2017, 06/2018, 10/2018, 11/2019, 11/2020,

11/2021, 07/2022, 11/2022, 04/2023, 10/2023

I. Length of Authorization ¹

Coverage is provided for 6 months and may be renewed (unless otherwise specified).

• Adjuvant treatment of melanoma may be renewed for up to 1 year of therapy.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Tafinlar 50 mg capsules: 4 capsules per day
- Tafinlar 75 mg capsules: 4 capsules per day
- Tafinlar 10 mg tablets for oral suspension: 30 tablets per day

B. Max Units (per dose and over time) [HCPCS Unit]:

• 300 mg daily

III. Initial Approval Criteria ¹

Coverage is provided in the following conditions:

- Patient is at least 18 years of age, unless otherwise specified; AND
- Patient has not received prior therapy with BRAF and/or MEK inhibitors (e.g., vemurafenib, encorafenib, cobimetinib, binimetinib, etc.) unless otherwise specified; AND

Universal Criteria 1

- Left ventricular ejection fraction (LVEF) is within normal limits prior to initiating therapy and will be assessed at regular intervals (e.g., every 3 months) during treatment; **AND**
- Patient will avoid coadministration with all of the following, or if therapy is unavoidable, patient will be closely monitored for adverse reactions and/or dose modifications will be implemented:
 - o Strong CYP3A4 inhibitors (e.g., ketoconazole, itraconazole, etc.); AND
 - o Strong CYP2C8 inhibitors (e.g., gemfibrozil, clopidogrel, etc.); AND



• Patient does not have colorectal cancer; AND

Ampullary Adenocarcinoma ‡ 7

- Patient has BRAF V600E mutation-positive disease as detected by an FDA approved or CLIA compliant test*; AND
- Used in combination with trametinib as subsequent therapy for disease progression

Adult Central Nervous System (CNS) Cancers ‡ 7

- Patient has BRAF V600E mutation-positive disease as detected by an FDA approved or CLIA compliant test*; AND
- Used in combination with trametinib; AND
 - Used as adjuvant treatment for incomplete resection, biopsy, or surgically inaccessible location; AND
 - Patient has pilocytic astrocytoma OR pleomorphic xanthoastrocytoma (grade 2)
 OR ganglioglioma; OR
 - Patient has recurrent or progressive glioblastoma; OR
 - Patient has recurrent or progressive circumscribed glioma; AND
 - Patient has received prior fractionated external beam radiation therapy; OR
 - \circ Used for brain metastases in patients with BRAF V600E mutation-positive melanoma; $\ensuremath{\mathbf{AND}}$
 - Used as initial treatment in patients with small asymptomatic brain metastases; OR
 - Patient has recurrent limited brain metastases; OR
 - Used for relapsed disease in patients limited brain metastases and either stable systemic disease or reasonable systemic treatment options; OR
 - Used for recurrent disease in patients with extensive brain metastases and stable systemic disease or reasonable systemic treatment options

Esophageal and Esophagogastric Junction Cancer ‡ 7

- Patient has BRAF V600E mutation-positive disease as detected by an FDA approved or CLIA compliant test*; AND
- Patient has adenocarcinoma or squamous cell carcinoma histology; AND
- Used in combination with trametinib; AND
- Used palliatively as subsequent therapy; AND
- Patient is not a surgical candidate or has unresectable locally advanced, recurrent, or metastatic disease

Gastric Cancer ‡ 7



- Patient has BRAF V600E mutation-positive disease as detected by an FDA approved or CLIA compliant test*; AND
- Patient has adenocarcinoma histology; AND
- Used in combination with trametinib; AND
- Used palliatively as subsequent therapy; AND
- Patient is not a surgical candidate or has unresectable locally advanced, recurrent, or metastatic disease

Gastrointestinal Stromal Tumors (GIST) ‡ 7

- Patient has BRAF V600E mutation-positive disease as detected by an FDA approved or CLIA compliant test*; AND
- Used in combination with trametinib; AND
 - Used as neoadjuvant therapy; AND
 - Used for resectable disease with significant morbidity; OR
 - Used as first-line therapy; AND
 - Used for gross residual (R2 resection), unresectable primary, recurrent, or metastatic disease OR tumor rupture

Head and Neck Cancer ‡ 7

- Patient has BRAF V600E mutation-positive disease as detected by an FDA approved or CLIA compliant test*; AND
- Patient has salivary gland tumors; AND
- Used in combination with trametinib; AND
- Used for one of the following:
 - o Distant metastases; **OR**
 - Unresectable locoregional recurrence with prior radiation therapy (RT); **OR**
 - Unresectable second primary with prior RT

Histiocytic Neoplasms ‡ 7

- Used as single agent therapy; **AND**
- Patient has BRAF V600E mutation-positive disease as detected by an FDA approved or CLIA compliant test*; AND
- Patient has one of the following:
 - o Relapsed/refractory or symptomatic Erdheim-Chester Disease (ECD); **OR**
 - Langerhans Cell Histiocytosis (LCH); AND
 - Patient has multisystem disease with symptomatic or impending organ dysfunction or critical organ involvement; OR
 - Patient has single-system lung disease; OR



- Patient has multifocal single system bone disease not responsive to treatment with a bisphosphonate; OR
- Patient has CNS lesions; OR
- Patient has relapsed or refractory disease

Cutaneous Melanoma † ‡ Φ 1,7

- Patient has BRAF V600 mutation-positive disease as detected by an FDA approved or CLIA compliant test*; AND
 - Used as first-line therapy in combination with trametinib OR as a single agent for unresectable or metastatic** disease; OR
 - Used as initial treatment for limited resectable disease; AND
 - Used in combination with trametinib; AND
 - Patient has stage III disease with clinical satellite/in-transit metastases;
 OR
 - Patient has local satellite/in-transit recurrence; **OR**
 - o Used as adjuvant therapy in combination with trametinib; AND
 - Patient has lymph node involvement following complete resection †; OR
 - Patient has stage III disease; AND
 - Patient has resected sentinel node positive disease either during observation without additional nodal surgery and with mandatory radiographic nodal surveillance OR after complete lymph node dissection (CLND); OR
 - Patient has clinically positive node(s) following wide excision of the primary tumor and therapeutic lymph node dissection (TLND) OR following neoadjuvant therapy; OR
 - Patient has clinical satellite/in-transit metastases and no evidence of disease (NED) after complete excision to clear margins; OR
 - Patient has local satellite/in-transit recurrence and NED after complete excision to clear margins; OR
 - Patient has resectable disease limited to nodal recurrence following excision and complete TLND OR following neoadjuvant therapy; OR
 - Used as subsequent therapy; AND
 - Used in combination with trametinib OR as a single agent; AND
 - Used for unresectable or metastatic** disease that has progressed; **OR**
 - Used as re-induction therapy in patients with unresectable or metastatic**
 disease who experience disease control (i.e., complete response, partial
 response, or stable disease and no residual toxicity) from prior BRAF
 inhibitor therapy, but subsequently have disease progression/relapse >3
 months after treatment discontinuation; OR



- Used in combination with pembrolizumab and trametinib; AND
 - ➤ Used for metastatic or unresectable disease with disease progression or intolerance if BRAF/MEK and/or PD(L)-1 checkpoint inhibition not previously used; **OR**
 - Used as re-induction therapy in patients who experienced disease control
 (i.e., complete response, partial response, or stable disease with no residual
 toxicity) from prior combination BRAF/MEK + PD(L)-1 checkpoint
 inhibitor therapy, but subsequently have disease progression/relapse > 3
 months after treatment discontinuation

Non-Small Cell Lung Cancer (NSCLC) † ‡ 1,7

- Patient has BRAF V600E mutation-positive disease as detected by an FDA approved or CLIA compliant test*; AND
- Patient has recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease with no evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; AND
 - o Used in combination with trametinib; **OR**
 - o Used as a single agent if use in combination with trametinib is not tolerated

Ovarian Cancer (including Fallopian Tube and Primary Peritoneal Cancer) ‡ 7,14

- Used in combination with trametinib; AND
 - Patient has BRAF V600E mutation-positive disease as detected by an FDA approved or CLIA compliant test*; AND
 - Patient has persistent or recurrent Grade 1 Endometrioid Carcinoma, Carcinosarcoma (Malignant Mixed Müllerian Tumors), Mucinous Carcinoma of the Ovary, Epithelial Ovarian/Fallopian Tube/Primary Peritoneal Cancer, or Clear Cell Carcinoma of the Ovary; AND
 - Patient is not experiencing an immediate biochemical relapse (i.e., rising CA-125 without radiographic evidence of disease); OR
 - Patient has recurrent low-grade serous carcinoma

Pancreatic Adenocarcinoma ‡ 7

- Patient has BRAF V600E mutation-positive disease as detected by an FDA approved or CLIA compliant test*; AND
- Used in combination with trametinib; AND
- Patient has good performance status (ECOG PS 0-1 with good biliary drainage and adequate nutritional intake) OR poor PS (ECOG PS 3-4); AND



^{**}Metastatic disease includes stage III unresectable/borderline resectable disease with clinically positive node(s) or clinical satellite/in transit metastases as well as unresectable local satellite/in-transit recurrence, unresectable nodal recurrence, and widely disseminated distant metastatic disease.

 Used as subsequent therapy for locally advanced, metastatic, progressive, or recurrent disease

Pediatric Central Nervous System (CNS) Cancers † ‡ 1,7,15,27

- Patient has BRAF V600E mutation-positive disease as detected by an FDA approved or CLIA compliant test*; AND
- Used in combination with trametinib; AND
 - o Patient has low-grade glioma † Φ; AND
 - Patient is ≥ 1 year of age < 18 years of age; **AND**
 - Patient requires systemic therapy; **OR**
 - o Patient has diffuse high-grade glioma ‡; AND
 - Used as adjuvant therapy (excluding diffuse midline glioma, H3 K27-altered or pontine location); AND
 - Patient is < 3 years of age; **OR**
 - Patient is ≥ 3 years of age and ≤ 18 years of age; **AND**
 - ➤ Used following standard brain radiation therapy (RT) with or without concurrent temozolomide; **OR**
 - Used for recurrent or progressive disease (excluding oligodendroglioma, IDH-mutant and 1p/19q co-deleted or astrocytoma IDH-mutant). AND
 - Patient is ≤ 18 years of age

Anaplastic Thyroid Cancer (ATC) † Φ 1,7

- Patient has BRAF V600E mutation-positive disease as detected by an FDA approved or CLIA compliant test*; AND
- Used in combination with trametinib; AND
 - \circ Patient has locally advanced disease with no satisfactory locoregional treatment options; **OR**
 - Patient has metastatic disease

Solid Tumors with BRAF V600E mutation † ‡ 1,7,12,13

- Patient is at least 1 year of age; AND
- Patient has BRAF V600E mutation-positive solid tumors as detected by an FDA approved or CLIA compliant test*; AND
- Patient has unresectable or metastatic disease that has progressed following prior treatment; AND
- Patient has no satisfactory alternative treatment options; AND
- Used in combination with trametinib; AND
- Patient has one of the following solid tumors **\(\frac{\dagger}{3}\):**



- Thyroid Cancer (Anaplastic Carcinoma, Follicular Carcinoma, Oncocytic Carcinoma, Papillary Carcinoma)
- o Biliary Tract Cancers (Gallbladder Cancer, Intra-/Extra-hepatic Cholangiocarcinoma)
- o Adenocarcinoma of the Small Intestine
- o High or Low Grade Glioma
- o Low-Grade Serous Ovarian Carcinoma
- Neuroendocrine and Adrenal Tumors (Extrapulmonary Poorly Differentiated Neuroendocrine Carcinoma/Large or Small Cell Carcinoma/Mixed Neuroendocrine-Non-Neuroendocrine Neoplasm)
- Occult Primary

¥ Note: Solid tumors not listed, that are BRAF V600E mutation-positive, will be reviewed on a case-by-case basis and considered medically necessary when all other relevant medication and indication specific criteria are met.

* If confirmed using an immunotherapy assay-http://www.fda.gov/CompanionDiagnostics

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); **Φ** Orphan Drug

IV. Renewal Criteria ¹

Coverage can be renewed based upon the following criteria:

- Patient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; AND
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; AND
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: major hemorrhagic events, cardiomyopathy, uveitis, serious febrile reactions, serious skin toxicities (e.g., Stevens-Johnson syndrome [SJS] and drug reaction with eosinophilia and systemic symptoms [DRESS], etc.), hyperglycemia, new primary malignancies, hemolytic anemia in patients with glucose-6-phosphate dehydrogenase (G6PD) deficiency, hemophagocytic lymphohistiocytosis (HLH), etc.; AND
- Left ventricular ejection fraction (LVEF) has not had an <u>absolute</u> decrease of > 20% from baseline and is not below the lower limit of normal (LLN) (LVEF results must be within the previous 3 months); AND

Adjuvant treatment of Cutaneous Melanoma 1

Treatment has not exceeded 1 year of therapy

Cutaneous Melanoma (re-induction therapy) 7

• Refer to Section III for criteria (see Cutaneous Melanoma – Used as re-induction therapy)



Dosage/Administration 1,12,13,15-25,28,29 ٧.

ndication	Dose		
Ampullary Adenocarcinoma,	Administer 150 mg orally twice daily,	until disease progression/recurrence	
Adult CNS Cancers, Esophage			
Esophagogastric Junction	(Note: for adjuvant treatment of melanoma, treat until disease recurrence		
Cancer, Gastric Cancer, GIST	c, or unacceptable toxicity for up to 1 ye	or unacceptable toxicity for up to 1 year).	
Head and Neck Cancer,			
Histiocytic Neoplasms,			
Cutaneous Melanoma, NSCLO	C.		
Ovarian Cancer, Pancreatic			
Cancer, ATC			
Solid Tumors with BRAF V60	OF Adult Patients		
	Administer 150 mg orally twice daily	until disassa prograssion or	
mutation	unacceptable toxicity	until disease progression of	
	anacceptable toxicity		
	Pediatric Patients		
	- Capsules (for use in patients weigh	hing at least 26 kg):	
	Body weight	Recommended dosage	
	26 to 37 kg	75 mg orally twice daily	
	38 to 50 kg	100 mg orally twice daily	
	51 kg or greater	150 mg orally twice daily	
	- Tablets for Oral Suspension: NOTE: Prepare suspension with a tablets, and approximately 10 mL provided cup. Do not swallow who	pproximately 5 mL of water for 1 to of water for 5 to 15 tablets in the le, chew or crush TAFINLAR tablets	
	- Tablets for Oral Suspension: NOTE: Prepare suspension with a tablets, and approximately 10 mL provided cup. Do not swallow who for oral suspension.	of water for 5 to 15 tablets in the le, chew or crush TAFINLAR tablets	
	- Tablets for Oral Suspension: NOTE: Prepare suspension with a tablets, and approximately 10 mL provided cup. Do not swallow who for oral suspension. Body weight	of water for 5 to 15 tablets in the le, chew or crush TAFINLAR tablets Recommended dosage	
	- Tablets for Oral Suspension: NOTE: Prepare suspension with a tablets, and approximately 10 mL provided cup. Do not swallow who for oral suspension. Body weight 8 to 9 kg	of water for 5 to 15 tablets in the le, chew or crush TAFINLAR tablets Recommended dosage 20 mg twice daily	
	- Tablets for Oral Suspension: NOTE: Prepare suspension with a tablets, and approximately 10 mL provided cup. Do not swallow who for oral suspension. Body weight 8 to 9 kg 10 to 13 kg	of water for 5 to 15 tablets in the le, chew or crush TAFINLAR tablets Recommended dosage 20 mg twice daily 30 mg twice daily	
	- Tablets for Oral Suspension: NOTE: Prepare suspension with a tablets, and approximately 10 mL provided cup. Do not swallow who for oral suspension. Body weight 8 to 9 kg	of water for 5 to 15 tablets in the le, chew or crush TAFINLAR tablets Recommended dosage 20 mg twice daily	
	- Tablets for Oral Suspension: NOTE: Prepare suspension with a tablets, and approximately 10 mL provided cup. Do not swallow who for oral suspension. Body weight 8 to 9 kg 10 to 13 kg 14 to 17 kg	of water for 5 to 15 tablets in the le, chew or crush TAFINLAR tablets Recommended dosage 20 mg twice daily 30 mg twice daily 40 mg twice daily	
	- Tablets for Oral Suspension: NOTE: Prepare suspension with a tablets, and approximately 10 mL provided cup. Do not swallow who for oral suspension. Body weight 8 to 9 kg 10 to 13 kg 14 to 17 kg 18 to 21 kg 22 to 25 kg 26 to 29 kg	Recommended dosage 20 mg twice daily 30 mg twice daily 40 mg twice daily 50 mg twice daily 60 mg twice daily 70 mg twice daily	
	- Tablets for Oral Suspension: NOTE: Prepare suspension with a tablets, and approximately 10 mL provided cup. Do not swallow who for oral suspension. Body weight 8 to 9 kg 10 to 13 kg 14 to 17 kg 18 to 21 kg 22 to 25 kg 26 to 29 kg 30 to 33 kg	Recommended dosage 20 mg twice daily 30 mg twice daily 40 mg twice daily 50 mg twice daily 60 mg twice daily 70 mg twice daily 80 mg twice daily	
	- Tablets for Oral Suspension: NOTE: Prepare suspension with a tablets, and approximately 10 mL provided cup. Do not swallow who for oral suspension. Body weight 8 to 9 kg 10 to 13 kg 14 to 17 kg 18 to 21 kg 22 to 25 kg 26 to 29 kg 30 to 33 kg 34 to 37 kg	Recommended dosage 20 mg twice daily 30 mg twice daily 40 mg twice daily 50 mg twice daily 60 mg twice daily 70 mg twice daily 80 mg twice daily	
	- Tablets for Oral Suspension: NOTE: Prepare suspension with a tablets, and approximately 10 mL provided cup. Do not swallow who for oral suspension. Body weight 8 to 9 kg 10 to 13 kg 14 to 17 kg 18 to 21 kg 22 to 25 kg 26 to 29 kg 30 to 33 kg 34 to 37 kg 38 to 41 kg	Recommended dosage 20 mg twice daily 30 mg twice daily 40 mg twice daily 50 mg twice daily 60 mg twice daily 70 mg twice daily 80 mg twice daily 90 mg twice daily	
	- Tablets for Oral Suspension: NOTE: Prepare suspension with a tablets, and approximately 10 mL provided cup. Do not swallow who for oral suspension. Body weight 8 to 9 kg 10 to 13 kg 14 to 17 kg 18 to 21 kg 22 to 25 kg 26 to 29 kg 30 to 33 kg 34 to 37 kg 38 to 41 kg 42 to 45 kg	Recommended dosage 20 mg twice daily 30 mg twice daily 40 mg twice daily 50 mg twice daily 60 mg twice daily 70 mg twice daily 80 mg twice daily 90 mg twice daily 110 mg twice daily	
	- Tablets for Oral Suspension: NOTE: Prepare suspension with a tablets, and approximately 10 mL provided cup. Do not swallow who for oral suspension. Body weight 8 to 9 kg 10 to 13 kg 14 to 17 kg 18 to 21 kg 22 to 25 kg 26 to 29 kg 30 to 33 kg 34 to 37 kg 38 to 41 kg 42 to 45 kg 46 to 50 kg	Recommended dosage 20 mg twice daily 30 mg twice daily 40 mg twice daily 50 mg twice daily 60 mg twice daily 70 mg twice daily 80 mg twice daily 100 mg twice daily 110 mg twice daily 130 mg twice daily	
	Tablets for Oral Suspension: NOTE: Prepare suspension with a tablets, and approximately 10 mL provided cup. Do not swallow who for oral suspension. Body weight 8 to 9 kg 10 to 13 kg 14 to 17 kg 18 to 21 kg 22 to 25 kg 26 to 29 kg 30 to 33 kg 34 to 37 kg 38 to 41 kg 42 to 45 kg 46 to 50 kg ≥ 51 kg	Recommended dosage 20 mg twice daily 30 mg twice daily 40 mg twice daily 50 mg twice daily 60 mg twice daily 70 mg twice daily 80 mg twice daily 100 mg twice daily 110 mg twice daily 130 mg twice daily	
	- Tablets for Oral Suspension: NOTE: Prepare suspension with a tablets, and approximately 10 mL provided cup. Do not swallow who for oral suspension. Body weight 8 to 9 kg 10 to 13 kg 14 to 17 kg 18 to 21 kg 22 to 25 kg 26 to 29 kg 30 to 33 kg 34 to 37 kg 38 to 41 kg 42 to 45 kg 46 to 50 kg ≥ 51 kg ***Administer until disease progression	Recommended dosage 20 mg twice daily 30 mg twice daily 40 mg twice daily 50 mg twice daily 60 mg twice daily 70 mg twice daily 80 mg twice daily 100 mg twice daily 110 mg twice daily 130 mg twice daily	
Pediatric Central Nervous	- Tablets for Oral Suspension: NOTE: Prepare suspension with a tablets, and approximately 10 mL provided cup. Do not swallow who for oral suspension. Body weight 8 to 9 kg 10 to 13 kg 14 to 17 kg 18 to 21 kg 22 to 25 kg 26 to 29 kg 30 to 33 kg 34 to 37 kg 38 to 41 kg 42 to 45 kg 46 to 50 kg ≥ 51 kg ***Administer until disease progression.	Recommended dosage 20 mg twice daily 30 mg twice daily 40 mg twice daily 50 mg twice daily 60 mg twice daily 70 mg twice daily 80 mg twice daily 90 mg twice daily 100 mg twice daily 110 mg twice daily 130 mg twice daily 130 mg twice daily	
Pediatric Central Nervous System (CNS) Cancers	- Tablets for Oral Suspension: NOTE: Prepare suspension with a tablets, and approximately 10 mL provided cup. Do not swallow who for oral suspension. Body weight 8 to 9 kg 10 to 13 kg 14 to 17 kg 18 to 21 kg 22 to 25 kg 26 to 29 kg 30 to 33 kg 34 to 37 kg 38 to 41 kg 42 to 45 kg 46 to 50 kg ≥ 51 kg ***Administer until disease progression Low-Grade Glioma - Capsules (for use in patients weight)	Recommended dosage 20 mg twice daily 30 mg twice daily 40 mg twice daily 50 mg twice daily 60 mg twice daily 70 mg twice daily 80 mg twice daily 90 mg twice daily 100 mg twice daily 110 mg twice daily 130 mg twice daily 100 mg twice daily 100 mg twice daily 100 mg twice daily 100 mg twice daily 110 mg twice daily 110 mg twice daily 130 mg twice daily 150 mg twice daily 150 mg twice daily	
	- Tablets for Oral Suspension: NOTE: Prepare suspension with a tablets, and approximately 10 mL provided cup. Do not swallow who for oral suspension. Body weight 8 to 9 kg 10 to 13 kg 14 to 17 kg 18 to 21 kg 22 to 25 kg 26 to 29 kg 30 to 33 kg 34 to 37 kg 38 to 41 kg 42 to 45 kg 46 to 50 kg ≥ 51 kg ***Administer until disease progression Low-Grade Glioma - Capsules (for use in patients weight)	Recommended dosage 20 mg twice daily 30 mg twice daily 40 mg twice daily 50 mg twice daily 60 mg twice daily 70 mg twice daily 80 mg twice daily 90 mg twice daily 110 mg twice daily 130 mg twice daily 130 mg twice daily 150 mg twice daily 160 mg twice daily 170 mg twice daily 180 mg twice daily	
	- Tablets for Oral Suspension: NOTE: Prepare suspension with a tablets, and approximately 10 mL provided cup. Do not swallow who for oral suspension. Body weight 8 to 9 kg 10 to 13 kg 14 to 17 kg 18 to 21 kg 22 to 25 kg 26 to 29 kg 30 to 33 kg 34 to 37 kg 38 to 41 kg 42 to 45 kg 46 to 50 kg ≥ 51 kg ***Administer until disease progression Low-Grade Glioma - Capsules (for use in patients weight) Body weight 26 to 37 kg	Recommended dosage 20 mg twice daily 30 mg twice daily 40 mg twice daily 50 mg twice daily 70 mg twice daily 80 mg twice daily 90 mg twice daily 100 mg twice daily 110 mg twice daily 130 mg twice daily 150 mg twice daily	
	- Tablets for Oral Suspension: NOTE: Prepare suspension with a tablets, and approximately 10 mL provided cup. Do not swallow who for oral suspension. Body weight 8 to 9 kg 10 to 13 kg 14 to 17 kg 18 to 21 kg 22 to 25 kg 26 to 29 kg 30 to 33 kg 34 to 37 kg 38 to 41 kg 42 to 45 kg 46 to 50 kg ≥ 51 kg ***Administer until disease progression Low-Grade Glioma - Capsules (for use in patients weight)	Recommended dosage 20 mg twice daily 30 mg twice daily 40 mg twice daily 50 mg twice daily 60 mg twice daily 70 mg twice daily 80 mg twice daily 90 mg twice daily 110 mg twice daily 130 mg twice daily 130 mg twice daily 150 mg twice daily 160 mg twice daily 170 mg twice daily 180 mg twice daily	



NOTE: Prepare suspension with approximately 5 mL of water for 1 to 4 tablets, and approximately 10 mL of water for 5 to 15 tablets in the provided cup. Do not swallow whole, chew or crush TAFINLAR tablets

for oral suspension.

Body weight	Recommended dosage
8 to 9 kg	20 mg twice daily
10 to 13 kg	30 mg twice daily
14 to 17 kg	40 mg twice daily
18 to 21 kg	50 mg twice daily
22 to 25 kg	60 mg twice daily
26 to 29 kg	70 mg twice daily
30 to 33 kg	80 mg twice daily
34 to 37 kg	90 mg twice daily
38 to 41 kg	100 mg twice daily
42 to 45 kg	110 mg twice daily
46 to 50 kg	130 mg twice daily
≥ 51 kg	150 mg twice daily

^{***}Administer until disease progression or unacceptable toxicity.

High-Grade Glioma

Administer a total of 4.5 mg/kg per day orally in 2 divided doses, until disease progression/recurrence or unacceptable toxicity.

VI. **Billing Code/Availability Information**

HCPCS Code:

J8999 – Prescription drug oral, chemotherapeutic, Not Otherwise Specified

NDC(s):

- Tafinlar 50 mg capsule: 00078-0682-xx
- Tafinlar 75 mg capsule: 00078-0681-xx
- Tafinlar 10 mg tablet for oral suspension: 00078-1154-xx

VII. References

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- 7. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) dabrafenib. National Comprehensive Cancer Network, 2023. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed September 2023.
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Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C06.9	Malignant neoplasm of mouth, unspecified
C07	Malignant neoplasm of parotid gland
C08.0	Malignant neoplasm of submandibular gland
C08.1	Malignant neoplasm of sublingual gland
C08.9	Malignant neoplasm of major salivary gland, unspecified
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C15.9	Malignant neoplasm of esophagus, unspecified
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified

ICD-10	ICD-10 Description	
C16.8	Malignant neoplasm of overlapping sites of stomach	
C16.9	Malignant neoplasm of stomach, unspecified	
C17.0	Malignant neoplasm of duodenum	
C17.1	Malignant neoplasm of jejunum	
C17.2	Malignant neoplasm of ileum	
C17.3	Meckel's diverticulum, malignant	
C17.8	Malignant neoplasm of overlapping sites of small intestine	
C17.9	Malignant neoplasm of small intestine, unspecified	
C22.1	Intrahepatic bile duct carcinoma	
C23	Malignant neoplasm of gallbladder	
C24.0	Malignant neoplasm of extrahepatic bile duct	
C24.1	Malignant neoplasm of ampulla of Vater	
C24.8	Malignant neoplasm of overlapping sites of biliary tract	
C24.9	Malignant neoplasm of biliary tract, unspecified	
C25.0	Malignant neoplasm of head of pancreas	
C25.1	Malignant neoplasm of body of pancreas	
C25.2	Malignant neoplasm of tail of pancreas	
C25.3	Malignant neoplasm of pancreatic duct	
C25.7	Malignant neoplasm of other parts of pancreas	
C25.8	Malignant neoplasm of overlapping sites of pancreas	
C25.9	Malignant neoplasm of pancreas, unspecified	
C33	Malignant neoplasm of trachea	
C34.00	Malignant neoplasm of unspecified main bronchus	
C34.01	Malignant neoplasm of right main bronchus	
C34.02	Malignant neoplasm of left main bronchus	
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung	
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung	
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung	
C34.2	Malignant neoplasm of middle lobe, bronchus or lung	
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung	
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung	
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung	
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus or lung	
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung	



ICD-10	ICD-10 Description	
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung	
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung	
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung	
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung	
C43.0	Malignant melanoma of lip	
C43.111	Malignant melanoma of right upper eyelid, including canthus	
C43.112	Malignant melanoma of left lower eyelid, including canthus	
C43.121	Malignant melanoma of left upper eyelid, including canthus	
C43.122	Malignant melanoma of left lower eyelid, including canthus	
C43.20	Malignant melanoma of unspecified ear and external auricular canal	
C43.21	Malignant melanoma of right ear and external auricular canal	
C43.22	Malignant melanoma of left ear and external auricular canal	
C43.30	Malignant melanoma of unspecified part of face	
C43.31	Malignant melanoma of nose	
C43.39	Malignant melanoma of other parts of face	
C43.4	Malignant melanoma of scalp and neck	
C43.51	Malignant melanoma of anal skin	
C43.52	Malignant melanoma of skin of breast	
C43.59	Malignant melanoma of other part of trunk	
C43.60	Malignant melanoma of unspecified upper limb, including shoulder	
C43.61	Malignant melanoma of right upper limb, including shoulder	
C43.62	Malignant melanoma of left upper limb, including shoulder	
C43.70	Malignant melanoma of unspecified lower limb, including hip	
C43.71	Malignant melanoma of right lower limb, including hip	
C43.72	Malignant melanoma of left lower limb, including hip	
C43.8	Malignant melanoma of overlapping sites of skin	
C43.9	Malignant melanoma of skin, unspecified	
C48.1	Malignant neoplasm of specified parts of peritoneum	
C48.2	Malignant neoplasm of peritoneum, unspecified	
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum	
C49.A0	Gastrointestinal stromal tumor, unspecified site	
C49.A1	Gastrointestinal stromal tumor of esophagus	
C49.A2	Gastrointestinal stromal tumor of stomach	
C49.A3	Gastrointestinal stromal tumor of small intestine	



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ICD-10	ICD-10 Description	
C49.A4	Gastrointestinal stromal tumor of large intestine	
C49.A5	Gastrointestinal stromal tumor of rectum	
C49.A9	Gastrointestinal stromal tumor of other sites	
C49.4	Malignant neoplasm of connective and soft tissue of abdomen	
C49.5	Malignant neoplasm of connective and soft tissue of pelvis	
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue	
C49.9	Malignant neoplasm of connective and soft tissue, unspecified	
C56.1	Malignant neoplasm of right ovary	
C56.2	Malignant neoplasm of left ovary	
C56.3	Malignant neoplasm of bilateral ovaries	
C56.9	Malignant neoplasm of unspecified ovary	
C57.00	Malignant neoplasm of unspecified fallopian tube	
C57.01	Malignant neoplasm of right fallopian tube	
C57.02	Malignant neoplasm of left fallopian tube	
C57.10	Malignant neoplasm of unspecified broad ligament	
C57.11	Malignant neoplasm of right broad ligament	
C57.12	Malignant neoplasm of left broad ligament	
C57.20	Malignant neoplasm of unspecified round ligament	
C57.21	Malignant neoplasm of right round ligament	
C57.22	Malignant neoplasm of left round ligament	
C57.3	Malignant neoplasm of parametrium	
C57.4	Malignant neoplasm of uterine adnexa, unspecified	
C57.7	Malignant neoplasm of other specified female genital organs	
C57.8	Malignant neoplasm of overlapping sites of female genital organs	
C57.9	Malignant neoplasm of female genital organ, unspecified	
C7A.1	Malignant poorly differentiated neuroendocrine tumors	
C7A.8	Other malignant neuroendocrine tumors	
C7B.8	Other secondary neuroendocrine tumors	
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles	
C71.1	Malignant neoplasm of frontal lobe	
C71.2	Malignant neoplasm of temporal lobe	
C71.3	Malignant neoplasm of parietal lobe	
C71.4	Malignant neoplasm of occipital lobe	
C71.5	Malignant neoplasm of cerebral ventricle	



ICD-10	ICD-10 Description	
C71.6	Malignant neoplasm of cerebellum	
C71.7	Malignant neoplasm of brain stem	
C71.8	Malignant neoplasm of overlapping sites of brain	
C71.9	Malignant neoplasm of brain, unspecified	
C72.0	Malignant neoplasm of spinal cord	
C72.1	Malignant neoplasm of cauda equina	
C72.9	Malignant neoplasm of central nervous system, unspecified	
C73	Malignant neoplasm of thyroid gland	
C79.31	Secondary malignant neoplasm of brain	
C80.0	Disseminated malignant neoplasm, unspecified	
C80.1	Malignant (primary) neoplasm, unspecified	
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis	
C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis	
C96.6	Unifocal Langerhans-cell histiocytosis	
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified	
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue	
D37.1	Neoplasm of uncertain behavior of stomach	
D37.8	Neoplasm of uncertain behavior of other specified digestive organs	
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified	
D43.0	Neoplasm of uncertain behavior of brain, supratentorial	
D43.1	Neoplasm of uncertain behavior of brain, infratentorial	
D43.2	Neoplasm of uncertain behavior of brain, unspecified	
D43.4	Neoplasm of uncertain behavior of spinal cord	
D43.9	Neoplasm of uncertain behavior of central nervous system, unspecified	
D76.3	Other histiocytosis syndromes	
Z85.00	Personal history of malignant neoplasm of unspecified digestive organ	
Z85.01	Personal history of malignant neoplasm of esophagus	
Z85.028	Personal history of other malignant neoplasm of stomach	
Z85.068	Personal history of other malignant neoplasm of small intestine	
Z85.07	Personal history of malignant neoplasm of pancreas	
Z85.09	Personal history of malignant neoplasm of other digestive organs	
Z85.118	Personal history of other malignant neoplasm of bronchus and lung	
Z85.43	Personal history of malignant neoplasm of ovary	
Z85.820	Personal history of malignant melanoma of skin	



ICD-10	ICD-10 Description
Z85.831	Personal history of malignant neoplasm of soft tissue
Z85.841	Personal history of malignant neoplasm of brain
Z85.848	Personal history of malignant neoplasm of other parts of nervous tissue
Z85.858	Personal history of malignant neoplasm of other endocrine glands

Appendix 2 - Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions			
Jurisdiction	Applicable State/US Territory	Contractor	
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC	
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC	
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)	
6	MN, WI, IL	National Government Services, Inc. (NGS)	
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.	
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)	
N (9)	FL, PR, VI	First Coast Service Options, Inc.	
J (10)	TN, GA, AL	Palmetto GBA, LLC	
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC	
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.	
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)	
15	КҮ, ОН	CGS Administrators, LLC	

