Tepmetko (tepotinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Tepmetko (tepotinib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Tepmetko (tepotinib) may be approved if the following criteria are met:

I. Individual has a diagnosis of recurrent, advanced, or metastatic Non-Small Cell Lung Cancer (NSCLC) (Label, NCCN 2A); **AND**
II. Individual is using as monotherapy; **AND**
III. Individual has confirmation of mesenchymal-epidermal transition (MET) exon 14 skipping alterations (*MET*ex14); **AND**
IV. Individual has not received treatment with another MET exon 14 skipping-targeted agent;

OR

V. Individual has a diagnosis of NSCLC with brain metastases (NCCN 2A); **AND**
VI. Individual has a primary diagnosis of NSCLC; **AND**
VII. Individual is using as monotherapy; **AND**
VIII. Individual has MET exon-14 mutation.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2023. URL: http://www.clinicalpharmacology.com. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: July 11, 2023
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2023; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2023 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Accessed on July 11, 2023
    a. Central Nervous System Cancers. V1.2023. Revised March 24, 2023.
    b. Non-Small Cell Lung Cancer. V3.2023. Revised April 11, 2023.

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.

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