

Rybrevant (amivantamab-vmjw)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Rybrevant (amivantamab-vmjw)

APPROVAL CRITERIA

Requests for Rybrevant (amivantamab-vmjw) 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. Lung cancer has epidermal growth factor receptor (EGFR) exon 20 insertion mutations, with test results confirmed; **AND**
 - III. Individual has demonstrated disease progression on or after platinum-based chemotherapy; **AND**
 - IV. Individual has not progressed on prior therapy with Rybrevant (amivantamab-vmjw); **AND**
 - V. Individual is using Rybrevant as a single agent;
- OR**
- VI. Individual has a diagnosis of locally advanced or metastatic Non-small Cell Lung Cancer (NSCLC) (Label); **AND**
 - VII. Lung cancer has epidermal growth factor receptor (EGFR) exon 20 insertion mutations; **AND**
 - VIII. Individual is using Rybrevant (amivantamab-vmjw) as first-line therapy in combination with carboplatin and pemetrexed.

Requests for Rybrevant (amivantamab-vmjw) may not be approved if the above criteria are not met and for all indications not included above.

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>. Updated periodically.
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 April 14, 2023.
 - a. Non-Small Cell Lung Cancer. V3.2023. Revised April 13, 2023

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

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