Reference number(s)
4492-A

SPECIALTY GUIDELINE MANAGEMENT

TEPMETKO (tepotinib)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications
Tepmetko is indicated for the treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) harboring mesenchymal-epithelial transition (MET) exon 14 skipping alterations.

B. Compendial Uses
1. Non-Small Cell Lung Cancer

All other indications are considered experimental/investigational and not medically necessary.

II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review: Documentation of a mutation that leads to mesenchymal-epithelial transition (MET) exon 14 skipping or MET amplification in tumor or plasma specimens.

III. CRITERIA FOR INITIAL APPROVAL

Non-small cell lung cancer
Authorization of 12 months may be granted for treatment of NSCLC when either of the following criteria are met:
1. Tepmetko will be used as a single agent for recurrent, advanced or metastatic NSCLC with MET exon 14 skipping positive tumors.
2. Tepmetko will be used for NSCLC with high level MET amplification.

IV. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section III when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

V. REFERENCES

1. Tepmetko [package insert]. Rockland, MA: EMD Serono, Inc.; February 2021.
2. The NCCN Drugs & Biologics Compendium® © 2022 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed January 6, 2022.

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