# **PRIOR AUTHORIZATION POLICY**

**POLICY:** Oncology – Tepmetko Prior Authorization Policy

• Tepmetko® (tepotinib tablets – EMD Serono)

**REVIEW DATE:** 02/01/2023

#### **OVERVIEW**

Tepmetko, a kinase inhibitor, is indicated for the treatment of adults with metastatic **non-small cell lung cancer** (**NSCLC**) harboring mesenchymal-epithelial transition (*MET*) exon 14 skipping alterations.<sup>1</sup> This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

### Guidelines

The National Comprehensive Cancer Network (NCCN) NSCLC guidelines (version 1.2023 – December 22, 2022) recommend Tepmetko as a first-line or subsequent line treatment option for patients with advanced or metastatic NSCLC who are positive for *MET* exon 14 skipping mutations or high-level *MET* amplification.<sup>2</sup>

#### POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Tepmetko. All approvals are provided for the duration noted below.

Automation: None.

## RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Tepmetko is recommended in those who meet the following criteria:

### **FDA-Approved Indication**

- **1. Non-Small Cell Lung Cancer.** Approve for 1 year if the patient meets the following criteria (A, B, and C):
  - A) Patient is  $\geq$  18 years of age; AND
  - B) Patient has advanced or metastatic disease; AND
  - C) Patient meets one of the following criteria (i or ii):
    - **i.** Patient has mesenchymal epithelial transition (*MET*) exon 14 skipping mutations as detected by an approved test; OR
    - **ii.** Patient has high-level *MET* amplification as detected by an approved test.

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# CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Tepmetko is not recommended in the following situations:

**1.** Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

### **REFERENCES**

- 1. Tepmetko® tablets [prescribing information]. Rockland, MA: EMD Serono; February 2021.
- 2. The NCCN Non-Small Cell Lung Cancer Clinical Practice Guidelines in Oncology (version 1.2023 December 22, 2023). © 2022 National Comprehensive Cancer Network, Inc. Available at: <a href="http://www.nccn.org/">http://www.nccn.org/</a>. Accessed on January 27, 2023.