

**Generic Name:** Tepotinib

**Therapeutic Class or Brand Name:** Tepmetko®

**Applicable Drugs (if Therapeutic Class):** N/A

**Preferred:** N/A

**Non-preferred:** N/A

**Date of Origin:** 3/8/2021

**Date Last Reviewed / Revised:** 4/22/2025

## PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I to V are met.)

- I. Documentation of the following diagnoses AND must meet all criteria listed under the applicable diagnosis:
  - FDA-Approved Indication(s)
    - A. Non-small cell lung cancer (NSCLC)
      1. Documentation of metastatic disease.
      2. Documentation of mesenchymal epithelial transition (MET) exon 14 skipping alteration.
- II. Minimum age requirement: Age  $\geq$  18 years old.
- III. Treatment must be prescribed by or in consultation with an oncologist or hematologist.
- IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.
- V. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

## EXCLUSION CRITERIA

- N/A

## OTHER CRITERIA

- N/A

## QUANTITY / DAYS SUPPLY RESTRICTIONS

- 225 mg tablets: up to 60 tablets per 30 days.

## APPROVAL LENGTH

- **Authorization:** 1 year.

- **Re-Authorization:** 1 year, an updated letter of medical necessity or progress notes showing current medical necessity criteria are met and does not show evidence of progressive disease.

## APPENDIX

- N/A

## REFERENCES

1. Tepmetko. Prescribing Information. EMD Serono Inc. February 2024. Accessed April 22, 2025. [www.emdserono.com/us-en/pi/tepmetko-pi.pdf](http://www.emdserono.com/us-en/pi/tepmetko-pi.pdf)
2. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Non-Small Cell Lung Cancer. Version 3.2025. Updated January 14, 2025. [www.nccn.org/professionals/physician\\_gls/pdf/nscl.pdf](http://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf)

**DISCLAIMER:** Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.