

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Selpercatinib (Retevmo)

Notes:

- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Non-formulary **Selpercatinib (Retevmo)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematology/oncology provider
- Patient is at least 2 years of age or older
- Patient has a diagnosis of locally advanced or metastatic RET-mutant non-small cell lung cancer
-OR-
- Advanced or metastatic medullary thyroid cancer or anaplastic thyroid cancer
-OR-
- Advanced or metastatic differentiated thyroid cancer who have failed or have contraindications to radioactive iodine
-OR-
- Locally advanced or metastatic solid tumor with a RET mutation

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **Selpercatinib (Retevmo)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematology/oncology provider
- Patient is at least 2 years of age or older
- Patient has a diagnosis of locally advanced or metastatic RET-mutant non-small cell lung cancer
-OR-
- Advanced or metastatic medullary thyroid cancer or anaplastic thyroid cancer
-OR-
- Advanced or metastatic differentiated thyroid cancer who have failed or have contraindications to radioactive iodine
-OR-
- Locally advanced or metastatic solid tumor with a RET mutation

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Selpercatinib (Retevmo)

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **Selpercatinib (Retevmo)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematology/oncology provider
- Patient is at least 2 years of age or older
- Patient has a diagnosis of locally advanced or metastatic RET-mutant non-small cell lung cancer
-OR-
- Advanced or metastatic medullary thyroid cancer or anaplastic thyroid cancer
-OR-
- Advanced or metastatic differentiated thyroid cancer who have failed or have contraindications to radioactive iodine
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- Locally advanced or metastatic solid tumor with a RET mutation

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