

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

tepotinib (Tepmetko)

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 **tepotinib (Tepmetko)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematologist or oncologist
- Age greater than or equal to 18
- Diagnosis of metastatic non-small cell lung cancer
- Has a contraindication or intolerance to the preferred mesenchymal-epithelial transition (MET) inhibitor, capmatinib
- Presence of a MET exon 14 skipping alteration

OR

- Presence of MET amplification with gene copy number (GCN) greater than or equal to 10 AND has received prior treatment in the first-line setting with chemotherapy +/- immunotherapy and either experienced disease progression or intolerance to therapy

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

- Prescribed by a hematologist or oncologist
- Age greater than or equal to 18
- Diagnosis of metastatic non-small cell lung cancer with MET exon 14 skipping alteration or MET amplification

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

- Prescribed by a hematologist or oncologist
- Age greater than or equal to 18

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Revised: 05/09/24
Effective: 07/18/24

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

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