



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

SELPERCATINIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
SELPERCATINIB	RETEVMO	46525		GPI-10 (2153577900)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of locally advanced or metastatic non-small cell lung cancer (NSCLC) and meet **ALL** of the following criteria?

- The patient is 18 years of age or older
- The patient's cancer has a *RET* gene fusion, as detected by an FDA-approved test

If yes, **approve for 12 months by GPID or GPI-14 for all strengths as follows:**

- **40mg: #6 per day.**
- **80mg: #4 per day.**

If no, continue to #2.

2. Does the patient have a diagnosis of advanced or metastatic medullary thyroid cancer (MTC) and meet **ALL** of the following criteria?

- The patient is 12 years of age or older
- The patient's cancer has a *RET*-mutation, as detected by an FDA-approved test
- The patient requires systemic therapy

If yes, **approve for 12 months by GPID or GPI-14 for all strengths as follows:**

- **40mg: #6 per day.**
- **80mg: #4 per day.**

If no, continue to #3.

3. Does the patient have a diagnosis of advanced or metastatic thyroid cancer and meet **ALL** of the following criteria?

- The patient is 12 years of age or older
- The patient's cancer has a *RET* gene fusion, as detected by an FDA-approved test
- The patient requires systemic therapy
- The thyroid cancer is refractory to radioactive iodine therapy (if radioactive iodine is appropriate)

If yes, **approve for 12 months by GPID or GPI-14 for all strengths as follows:**

- **40mg: #6 per day.**
- **80mg: #4 per day.**

If no, continue to #4.

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GUIDELINES FOR USE (CONTINUED)

4. Does the patient have a diagnosis of locally advanced or metastatic solid tumors and meet **ALL** of the following criteria?

- The patient is 18 years of age or older
- The patient's tumor has a *RET* gene fusion
- The tumor has progressed on or following prior systemic treatment OR the patient has no satisfactory alternative treatment options

If yes, **approve for 12 months by GPID or GPI-14 for all strengths as follows:**

- **40mg: #6 per day.**
- **80mg: #4 per day.**

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **SELPERCATINIB (Retevmo)** requires the following rule(s) be met for approval:

A. You have ONE of the following diagnoses:

1. Locally advanced or metastatic non-small cell lung cancer (a type of lung cancer that has spread to nearby tissue or lymph nodes, or has spread to other parts of the body)
2. Advanced or metastatic medullary thyroid cancer (a type of thyroid cancer that has progressed or has spread to other parts of the body)
3. Advanced or metastatic thyroid cancer (thyroid cancer that has progressed or has spread to other parts of the body)
4. Locally advanced or metastatic solid tumors (abnormal mass that has spread to nearby tissue or lymph nodes, or has spread to other parts of the body)

B. **If you have locally advanced or metastatic non-small cell lung cancer, approval also requires:**

1. You are 18 years of age or older
2. Your cancer has a rearranged during transfection (*RET*: type of gene) gene fusion, as detected by a Food and Drug Administration (FDA) approved test

C. **If you have advanced or metastatic medullary thyroid cancer, approval also requires:**

1. You are 12 years of age or older
2. Your cancer has a rearranged during transfection (*RET*: type of gene) mutation, as detected by a Food and Drug Administration (FDA) approved test
3. You require systemic therapy (treatment that travels through the entire body)

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GUIDELINES FOR USE (CONTINUED)

D. If you have advanced or metastatic thyroid cancer, approval also requires:

1. You are 12 years of age or older
2. You require systemic therapy (treatment that travels through the entire body)
3. Your cancer has a rearranged during transfection (*RET*: type of gene) gene fusion, as detected by a Food and Drug Administration (FDA) approved test
4. Your thyroid cancer is refractory (has not responded) to radioactive iodine therapy, if radioactive iodine is appropriate

E. If you have locally advanced or metastatic solid tumors, approval also requires:

1. You are 18 years of age or older
2. Your tumor has a rearranged during transfection (*RET*: type of gene) gene fusion
3. Your tumor has progressed on or following prior systemic treatment OR you have no satisfactory alternative treatment options

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Retevmo.

REFERENCES

- Retevmo [Prescribing Information]. Indianapolis, IN: Lilly USA, LLC; September 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 10/17/22

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P&T Approval: 10/22