



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

TEPOTINIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
TEPOTINIB HCL	TEPMETKO	47095		GPI-10 (2153377310)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of metastatic non-small cell lung cancer (NSCLC) and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - Mesenchymal-epithelial transition (MET) exon 14 skipping alterations are present

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #2 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 **TEPOTINIB (Tepmetko)** requires the following rule(s) be met for approval:

- A. You have metastatic non-small cell lung cancer (NSCLC) (type of lung cancer that has spread to other parts of the body)
- B. You are 18 years of age or older
- C. Mesenchymal-epithelial transition (MET) exon 14 skipping alterations (abnormal change in a gene that makes MET protein) are present

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 Tepmetko.

REFERENCES

- Tepmetko [Prescribing Information]. Rockland, MA: EMD Serono, Inc.; February 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 10/09/21

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P&T Approval: 04/21