



**Tepmetko (tepotinib)**  
Effective 01/01/2022

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**Overview**

Tepmetko is indicated for the treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) harboring mesenchymal-epithelial transition (MET) exon 14 skipping alterations.

**Coverage Guidelines**

Authorization may be reviewed for members new to AllWays Health Partners who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

**OR**

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. The member has a diagnosis of with metastatic non-small cell lung cancer (NSCLC)
2. Cancer harbors mesenchymal-epithelial transition (MET) exon 14 skipping alterations\*\*
3. The prescriber is an oncologist or medication is being used in consultation with an oncologist
4. Appropriate dosing
5. Quantity requested is ≤2 units/day

*\*\*Documentation of “MET-positive amplification” does not equate to MET exon 14 skipping alterations.*

**Continuation of Therapy**

Reauthorization may be granted for continued treatment of non-small cell lung cancer when there is no evidence of unacceptable toxicity or disease progression.

**Limitations**

1. Initial approvals and reauthorizations will be valid for 12 months
2. The following quantity limits apply:



Tekmetko 225mg	60 tablets per 30 days
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**References**

Tepmetko [package insert]. Rockland, MA: EMD Serono, Inc.; February 2021.

**Review History**

07/21/2021 – Reviewed and Created July P&T. Effective 09/01/2021.

11/17/2021 – Reviewed and Updated for Nov P&T Effective 1/1/2022; added quantity to criteria and clarification on MET positive amplification. Effective 01/01/2022.

**Disclaimer**

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