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| **Section:** | Prescription Drugs | **Effective Date:** | January 1, 2025 |
| **Subsection:** | Antineoplastic Agents | **Original Policy Date:** | March 5, 2021 |
| **Subject:** | Tepmetko | **Page:** | 1 of 5 |

***Last Review Date:*** December 13, 2024

# Tepmetko

## Description

### Tepmetko (tepotinib)

**Background**
Tepmetko (tepotinib) is a kinase inhibitor that targets mesenchymal-epithelial transition (MET), including variants with exon 14 skipping alterations. Tepmetko inhibits hepatocyte growth factor (HGF)-dependent and -independent MET phosphorylation and MET-dependent downstream signaling pathways. Tepmetko inhibits tumor cell proliferation, anchorage-independent growth, and migration of MET-dependent tumor cells (1).

**Regulatory Status**
FDA-approved indication: Tepmetko is a kinase inhibitor indicated for the treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) harboring mesenchymal-epithelial transition (MET) exon 14 skipping alterations (1).

Off-Label Use: (2-3)
1. NSCLC tumors with high-level MET amplification

Interstitial lung disease (ILD)/pneumonitis, which can be fatal, occurred in patients taking Tepmetko. Patients taking Tepmetko should be monitored for new or worsening pulmonary symptoms indicative of ILD/pneumonitis. Tepmetko should be permanently discontinued if no other potential causes of ILD/pneumonitis are identified (1).

Hepatotoxicity occurred in patients treated with Tepmetko. Liver function tests (including ALT, AST, and total bilirubin) should be monitored prior to the start of Tepmetko, every 2 weeks

during the first 3 months of treatment, then once a month or as clinically indicated, with more frequent testing in patients who develop increased transaminases or bilirubin. Tepmetko should be withheld, dose reduced, or permanently discontinued based on severity (1).

Tepmetko can cause fetal harm when administered to a pregnant woman. Female patients of reproductive potential should be advised to use effective contraception during treatment with Tepmetko and for 1 week after the final dose. Male patients with female partners of reproductive potential should be advised to use effective contraception during treatment with Tepmetko and for 1 week after the final dose (1).

The safety and efficacy of Tepmetko in pediatric patients have not been established (1).

**Related policies**
Tabrecta

## Policy

*This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.*

Tepmetko may be considered **medically necessary** if the conditions indicated below are met.

Tepmetko may be considered **investigational** for all other indications.

## Prior-Approval Requirements

**Age** 18 years of age or older

**Diagnosis**

Patient must have the following:

Metastatic non-small cell lung cancer (NSCLC)

**AND ALL** of the following:

a. Plasma or tumor specimens show **ONE** of the following:
    i. High-level mesenchymal-epithelial transition (MET) amplification

ii. MET exon 14 skipping alterations

b. Prescriber agrees to monitor for new or worsening pulmonary symptoms indicative of interstitial lung disease (ILD)/pneumonitis
c. Patient has had baseline liver function tests (LFTs) performed before starting Tepmetko and prescriber agrees to monitor LFTs
d. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Tepmetko and for 1 week after the final dose
e. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Tepmetko and for 1 week after the final dose

## Prior–Approval *Renewal* Requirements

**Age** 18 years of age or older

**Diagnosis**

Patient must have the following:

Metastatic non-small cell lung cancer (NSCLC)

**AND ALL** of the following:

a. **NO** disease progression or unacceptable toxicity
b. Prescriber agrees to monitor for new or worsening pulmonary symptoms indicative of interstitial lung disease (ILD)/pneumonitis
c. Prescriber agrees to monitor liver function tests (LFTs)
d. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Tepmetko and for 1 week after the final dose
e. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Tepmetko and for 1 week after the final dose

## Policy Guidelines

## Pre–PA Allowance

None

## Prior–Approval Limits

**Quantity** 180 tablets per 90 days

**Duration** 12 months

## Prior–Approval *Renewal* Limits

Same as above

## Rationale

**Summary**
Tepmetko (tepotinib) is a kinase inhibitor indicated for the treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) harboring mesenchymal-epithelial transition (MET) exon 14 skipping alterations. In addition, the National Comprehensive Cancer Network (NCCN) Guidelines support the off-label use of Tepmetko for metastatic NSCLC with high-level MET amplification. Tepmetko has warnings for interstitial lung disease (ILD)/pneumonitis, hepatotoxicity, and embryo-fetal toxicity. The safety and efficacy of Tepmetko in pediatric patients have not been established (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Tepmetko while maintaining optimal therapeutic outcomes.

**References**

1. Tepmetko [package insert]. Rockland, MA: EMD Serono, Inc.; February 2024.
2. NCCN Clinical Practice Guidelines in Oncology® Non-Small Cell Lung Cancer (Version 11.2024). National Comprehensive Cancer Network, Inc. October 2024. Accessed on October 29, 2024.
3. NCCN Drugs & Biologics Compendium® Tepotinib 2024. National Comprehensive Cancer Network, Inc. Accessed on October 29, 2024.

## Policy History

| Date | Action |
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| March 2021 | Addition to PA |
| June 2021 | Annual editorial review and reference update |
| February 2022 | Per FEP, addition of NCCN off-label indication: NSCLC tumors with high-level MET amplification |
| March 2022 | Annual review and reference update |
| December 2023 | Annual review and reference update |
| March 2024 | Annual review and reference update |
| December 2024 | Annual review and reference update |

## Keywords

**This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 13, 2024 and is effective on January 1, 2025.**