

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Retevmo (selpercatinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Retevmo (selpercatinib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Retevmo (selpercatinib) may be approved if the following criteria are met:

- I. Individual has metastatic Non-Small Cell Lung Cancer (NSCLC); **AND**
 - A. Individual is 18 years of age or older; **AND**
 - B. Individual has confirmation of RET fusion (or rearrangement) positive tumors;

OR

- II. Individual has advanced or metastatic Medullary Thyroid Cancer (MTC); **AND**
 - A. Individual is 12 years of age or older; **AND**
 - B. Individual has confirmation of RET-mutant disease; **AND**
 - C. Individual requires systemic therapy;

OR

- III. Individual has advanced or metastatic Thyroid Cancer; **AND**
 - A. Individual is 12 years of age or older; **AND**
 - B. Individual has confirmation of RET fusion (or rearrangement) positive tumors; **AND**
 - C. Individual is radioactive iodine-refractory, or ineligible for radioactive iodine; **AND**
 - D. Individual requires systemic therapy.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: May 19, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.

CRX-ALL-0584-20

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New Program Date 08/19/2020

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Applicable	X	X	X	X	X	X	X

4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on May 19, 2020.
 - a. Non-Small Cell Lung Cancer. V4.2020. Revised May 15, 2020.
 - b. Thyroid Carcinoma. V2.2019. Revised September 16, 2019.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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