Reference number(s)
4745-A

SPECIALTY GUIDELINE MANAGEMENT

RYBREVANT (amivantamab-vmjw)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications
Non-small cell lung cancer (NSCLC)
Rybrevant is indicated for the treatment of adult patients with locally advanced or metastatic NSCLC with epidermal growth receptor factor (EGFR) exon 20 insertion mutations, as detected by an FDA-approved test, whose disease has progressed on or after platinum-based chemotherapy.

All other indications are considered experimental/investigational and not medically necessary.

II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review: test results showing the presence of EGFR exon 20 insertion mutations

III. CRITERIA FOR INITIAL APPROVAL

Non-Small Cell Lung Cancer (NSCLC)
Authorization of 12 months may be granted for treatment of NSCLC when all of the following criteria are met:
1. Member has locally advanced or metastatic disease
2. Member has EGFR exon 20 insertion mutations
3. Disease has progressed on or after platinum-based chemotherapy
4. The requested medication is used as a single agent

IV. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section III when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

V. REFERENCES

1. Rybrevant [package insert]. Horsham, PA: Janssen Biotech, Inc.; May 2021.

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