Retevmo™ (selpercatinib)
(Oral)

Document Number: IC-0537

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I. Length of Authorization

Coverage will be provided for six months and may be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Retevmo 40 mg capsules: 2 per day
- Retevmo 80 mg capsules: 4 per day

B. Max Units (per dose and over time) [HCPCS Unit]:

- 320 mg per day

III. Initial Approval Criteria

Coverage is provided in the following conditions:

- Patient is at least 18 years old (unless otherwise specified); **AND**

Universal Criteria [1,4]

- Must be used as a single agent; **AND**
- Patient does not have uncontrolled hypertension; **AND**
- Patient does not have clinically significant active cardiovascular disease or a recent myocardial infarction (i.e., within 6 months prior to start of therapy); **AND**
- Patient does not have a history of prolongation of the QT-interval > 470 msec; **AND**
- Patient has not had recent major surgery within the previous 14 days; **AND**
- Patient does not have neurologically unstable CNS metastases; **AND**
- Therapy will not be used concomitantly with other RET-type targeted therapies (i.e., cabozantinib, vandetanib, etc.)
- Patient will avoid concomitant therapy with any of the following:
    - Coadministration with acid-reducing agents, if therapy is unavoidable, the patient will be monitored closely for adverse reaction and/or dose modifications; **OR**
    - Coadministration with strong or moderate CYP3A4 inhibitors (e.g., fluconazole, itraconazole, etc.), if therapy is unavoidable, the patient will be monitored closely for adverse reaction and/or dose modifications; **OR**

- Coadministration with strong and moderate CYP3A inducers (e.g., rifampin, carbamazepine, St. John's Wort, etc.); **OR**
- Coadministration with CYP3A substrates (e.g., amitriptyline, carbamazepine, etc.), if therapy is unavoidable, the patient will be monitored closely for adverse reaction and/or dose modifications; **OR**
- Coadministration with CYP2C8 substrates (e.g., paclitaxel, dabrafenib, pioglitazone, repaglinide, etc.), if therapy is unavoidable, the patient will be monitored closely for adverse reaction and/or dose modifications; **AND**

Non-Small Cell Lung Cancer (NSCLC) [1,2,3] † Φ

- Patient disease has the presence of a RET gene fusion as detected by an FDA-approved or CLIA compliant test❖; **AND**
- Patient has metastatic disease

Thyroid Cancer [1,2,4] † Φ

- Patient is 12 years of age or older; **AND**
- Patient disease has the presence of a RET gene fusion (thyroid cancer) or specific RET gene mutation (medullary thyroid cancer) as detected by an FDA-approved or CLIA compliant test❖; **AND**
  - Patient has advanced or metastatic medullary thyroid cancer (MTC) §; **AND**
    - Patient requires systemic therapy; **OR**
  - Patient has advanced or metastatic papillary thyroid cancer , poorly differentiated thyroid cancer, anaplastic thyroid cancer or Hurthle cell thyroid cancer; **AND**
    - Patient requires systemic therapy; **AND**
    - Patient has radioactive iodine (RAI)-refractory disease, if RAI was an appropriate treatment option *(Note: anaplastic thyroid cancer typically exhibits inadequate RAI uptake)*

❖ *If confirmed using an immunotherapy assay-http://www.fda.gov/companiondiagnostics*

§ Note: Requests for specific RET-gene mutations in MTC tumor specimens other than the following will be reviewed on a case-by-case basis: M918T, extracellular cysteine mutations (involving cysteine residues 609, 611, 618, 620, 630, and 634), V804M or V804L, K666N, D631, L633delinsV, D631_L633delinsE, D378_G385delinsE, D898_E901del, A883F, E632_L633del, L790F, T636_V637insCRT, and D898_E901del+D903_S904DelinsEP.

† FDA Approved Indication(s); ‡ Compendia recommended indication(s); Φ Orphan Drug

IV. Renewal Criteria [1]

Authorizations can be renewed based on the following criteria:

- Patient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**

- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include severe hepatotoxicity, severe hypersensitivity, QT interval prolongation, impaired wound healing, severe or life-threatening hemorrhagic events, uncontrolled hypertension, etc.

V. Dosage/Administration

Indication	Dose
NSCLC or Thyroid Cancers	Administer Retevmo orally twice daily, until disease progression or unacceptable toxicity. • Weight < 50 kg: 120 mg per dose • Weight ≥ 50 kg: 160 mg per dose

VI. Billing Code/Availability Information

HCPCS code:

- J8999: Prescription drug, oral, chemotherapeutic, nos

NDC:

- Retevmo 40 mg capsules: 00002-3977-xx
- Retevmo 80 mg capsules: 00002-2980-xx

VII. References

1. Retevmo [package insert]. Indianapolis, IN; Lilly USA, LLC., May 2020. Accessed May 2020.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for selpercatinib. National Comprehensive Cancer Network, 2020. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed June 2020.
3. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Non-Small Cell Lung Cancer Version 3.2020. National Comprehensive Cancer Network, 2020. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc." To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed May 2020.
4. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Thyroid Carcinomas Version 2.2019. National Comprehensive Cancer Network, 2020. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc." To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed May 2020.
5. ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). Date: 5/17/17. Identifier NCT03157128: A Phase 1/2 Study of Oral LOXO-292 in Patients With

Advanced Solid Tumors, Including RET Fusion-Positive Solid Tumors, Medullary Thyroid Cancer, and Other Tumors With RET Activation (LIBRETTO-001); [Accessed 5/12/20]; [about 4 screens]. Available from: https://clinicaltrials.gov/ct2/show/NCT03157128?term=NCT03157128&draw=2&rank=1.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus or lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C73	Malignant neoplasm of thyroid gland
Z85.118	Personal history of other malignant neoplasm of bronchus and lung

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Article (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC