

Rybrevant (amivantamab-vmjw)



Pharmacy Coverage Policy

Effective Date: August 18, 2021

Revision Date: July 27, 2022

Review Date: June 21, 2023

Line of Business: Medicare, Commercial, Medicaid - South Carolina, Medicaid - Ohio

Policy Type: Prior Authorization

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Products Affected

Rybrevant intravenous solution

Listed Indications

[Non-small cell lung cancer \(NSCLC\)](#)

Non-small cell lung cancer (NSCLC)

Does the member meet all of the following criteria?

Criteria #1	The member has a diagnosis of locally advanced or metastatic non-small cell lung cancer (NSCLC)
Criteria #2	The NSCLC has documented epidermal growth factor receptor (EGFR) exon 20 insertion mutations (e.g. as detected by an FDA-approved test)
Criteria #3	The member has documented disease progression on prior platinum-based chemotherapy
Criteria #4	Rybrevant (amivantamab) will be given as monotherapy

Does the member have any of the following exclusions? If yes, approval may not be appropriate.

NOTE: Experimental/Investigational Use – Indications not supported by CMS recognized compendia or acceptable peer reviewed literature.

Exclusion #1	Members who have disease progression on Rybrevant (amivantamab)
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Approval Duration

Initial	Rybrevant (amivantamab) will be approved in 6 month durations or as determined through clinical review.
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Background

This is a prior authorization policy about Rybrevant (amivantamab).

Rybrevant (amivantamab) is an antineoplastic agent, EGFR inhibitor, MET inhibitor and monoclonal antibody.

Rybrevant (amivantamab) is a fully human IgG1-based EGFR mesenchymal epithelial transition (MET) bispecific antibody that disrupts EGFR and MET signaling functions through blocking ligand binding and, in exon 20 insertion mutation models, degradation of EGFR and MET and allows for targeting of these cells for destruction by immune effector cells.

Rybrevant (amivantamab) is approved for treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 20 insertion mutations, as detected by an FDA-approved test, whose disease has progressed on or after platinum-based chemotherapy. This indication is approved under accelerated approval based on overall response rate and duration of response.

Rybrevant is available in 350 mg/7 mL (50mg/mL) solution in a single dose vial

Please refer to current Full Prescribing Information for further details on Warnings/Precautions and Dose Adjustments/Modifications.

Provider Claim Codes

For medically billed requests, please visit www.humana.com/PAL. Select applicable Preauthorization and Notification List(s) for medical and procedural coding information.

Medical Terms

Rybrevant (amivantamab-vmjw)

Effective Date: 8/18/2021

Revision Date: 7/27/2022

Review Date: 6/21/2023

Line of Business: Medicare, Commercial, Medicaid - South Carolina, Medicaid - Ohio

Policy Type: Prior Authorization

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Rybrevant; amivantamab; non-small cell lung cancer; NSCLC; EGFR inhibitor; MET inhibitor; intravenous; pharmacy

References

1. DRUGDEX® System [Micromedex]. Greenwood Village, Colo: Thompson Reuters (Healthcare) Inc. Updated periodically.
2. Rybrevant (amivantamab) [package insert]. Horsham, PA Janssen Biotech, Inc; November 2022
3. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium. Update periodically.

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