Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Selpercatinib (Retevmo)

Notes:

- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

<u>Initiation (new start) criteria</u>: Non-formulary **Selpercatinib (Retevmo)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematology/oncology provider
- Patient is at least 2 years of age or older
- Patient has a diagnosis of locally advanced or metastatic RET-mutant non-small cell lung cancer
 - -OR-
- Advanced or metastatic medullary thyroid cancer or anaplastic thyroid cancer -OR-
- Advanced or metastatic differentiated thyroid cancer who have failed or have contraindications to radioactive iodine
- Locally advanced or metastatic solid tumor with a RET mutation

<u>Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously</u>: Non-formulary **Selpercatinib (Retevmo)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematology/oncology provider
- Patient is at least 2 years of age or older
- Patient has a diagnosis of locally advanced or metastatic RET-mutant non-small cell lung cancer
 - -OR-
- Advanced or metastatic medullary thyroid cancer or anaplastic thyroid cancer -OR-
- Advanced or metastatic differentiated thyroid cancer who have failed or have contraindications to radioactive iodine
 OR-
- Locally advanced or metastatic solid tumor with a RET mutation

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Revised: 02/03/25 Effective: 04/17/25 All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest



Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

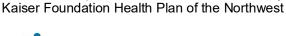
Selpercatinib (Retevmo)

<u>Criteria for new members entering Kaiser Permanente already taking the</u>
<u>medication who have not been reviewed previously</u>: Non-formulary **Selpercatinib**(**Retevmo**) will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematology/oncology provider
- Patient is at least 2 years of age or older
- Patient has a diagnosis of locally advanced or metastatic RET-mutant non-small cell lung cancer
 -OR-
- Advanced or metastatic medullary thyroid cancer or anaplastic thyroid cancer -OR-
- Advanced or metastatic differentiated thyroid cancer who have failed or have contraindications to radioactive iodine -OR-
- Locally advanced or metastatic solid tumor with a RET mutation

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