SmartHealth

Ascension

Amivantamab-vmjw

(Rybrevant®) J9061 (2 mg)

Covered with prior authorization

Amivantamab-vmjw (Rybrevant®) may be authorized when the following criteria are met:

Individual has a diagnosis of recurrent, advanced or metastatic Non-small Cell Lung Cancer (NSCLC) (Label, NCCN 2A); **AND**
Lung cancer has epidermal growth factor receptor (EGFR) exon 20 insertion mutations, with test results confirmed; **AND**
Individual has demonstrated disease progression on or after platinum-based chemotherapy; **AND**
Individual has not progressed on prior therapy with Rybrevant (amivantamab-vmjw); **AND**
Individual is using Rybrevant (amivantamab-vmjw) as a single agent.

Exclusion criteria:

Requests for Amivantamab-vmjw (Rybrevant®) may not be approved for the following:

- Product use for non-FDA approved indications or indications not supported by industry-accepted guidelines.
- Doses, durations, or dosing intervals that exceed FDA maximum limits for any FDA-approved indication or are not supported by industry-accepted practice guidelines or peer-reviewed literature for the relevant off-label use.

Initial authorization is up to 12 months.

Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

U.S. Food and Drug Administration:
This section is to be used for informational purposes. FDA approval alone is not a basis for coverage.

Rybrevant® is a bispecific EGF receptor-directed and MET receptor-directed antibody indicated for the 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.

References:

1. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2022; Updated periodically.
2. NCCN Clinical Practice Guidelines in Oncology™. © 2022 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp.
3. Rybrevant® [Prescribing Information]. Horsham, PA: Janssen Biotech, Inc.; 2022.

Date	Summary of Changes
March 2023	Criteria for use summary developed by the Ascension Medical Specialty Prior Authorization Team.
June 2023	Criteria for use summary approved by the Ascension Ambulatory Care Expert Review Panel.
June 2023	Criteria for use summary approved by the Hematology/Oncology Expert Review Panel (ERP)
July 2023	Criteria for use summary approved by the Ambulatory Care Leadership Council.
August 2023	Criteria for use summary approved by the Ascension Therapeutic Affinity Group.

If you have questions, call 833-980-2352 to speak to a member of the Ascension Rx prior authorization team, or email your questions to smarthealthspecialty@ascension.org.