Mass General Brigham
Health Plan

Rybrevant ® (amivantamab-vmjw)
Effective 04/01/2022

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Rybrevant is indicated for the treatment of locally advanced or metastatic non–small cell lung cancer (NSCLC) in adults with epidermal growth factor receptor (EGFR) exon 20 insertion mutations (as detected by an approved test) with disease progression on or after platinum-based chemotherapy.

Coverage Guidelines
Authorization may be reviewed for members new to the plan who are currently receiving treatment with Rybrevant excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. The member has a diagnosis of advanced or metastatic non-small cell lung cancer (NSCLC)
2. The prescriber specialty is an oncologist or medication is written in consultation with an oncologist
3. Member has EGFR exon 20 insertion mutation
4. Member meets ONE Of the following:
    - Inadequate response or adverse reaction to at least one platinum-based chemotherapy regimen (e.g., carboplatin, oxaliplatin, cisplatin)
    - Contraindication to ALL platinum-based chemotherapy (e.g., carboplatin, oxaliplatin, cisplatin)
5. The medication will be used as a single agent.

<u>Continuation of Therapy</u>
Reauthorization will be granted when physician provides attestation of positive response to therapy and member has not shown signs of excessive toxicity.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months

References

1. Rybrevant (amivantamab) [prescribing information]. Horsham, PA: Janssen Biotech Inc; July 2021.

Review History

01/19/2022 – Reviewed and Created Jan P&T. Effective 04/01/2022.