

Specialty Guideline Management

Retevmo

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Retevmo	selpercatinib

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications¹

- Adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with a rearranged during transfection (RET) gene fusion
- Adult and pediatric patients 2 years of age and older with advanced or metastatic medullary thyroid cancer (MTC) with a RET mutation who require systemic therapy.
- Adult and pediatric patients 2 years of age and older with advanced or metastatic thyroid cancer with a RET gene fusion who require systemic therapy and who are radioactive iodine-refractory (if radioactive iodine is appropriate).
- Adult and pediatric patients 2 years of age and older with locally advanced or metastatic solid tumors with a RET gene fusion that have progressed on or following prior systemic treatment or who have no satisfactory alternative treatment options.

Compendial Uses^{2,3}

- Recurrent, advanced or metastatic NSCLC with RET rearrangement-positive tumors

- Brain metastases from RET fusion positive NSCLC
- Histiocytic Neoplasms with RET gene fusion:
 - Erdheim-Chester Disease (ECD)
 - Langerhans Cell Histiocytosis (LCH)
 - Rosai-Dorfman Disease
- Occult primary cancer with RET gene fusion
- Solid tumors with RET-gene fusion for recurrent, persistent, progressive, unresectable disease
- Thyroid cancer with RET gene fusion:
 - Locoregional or metastatic anaplastic thyroid carcinoma
 - Unresectable, recurrent or persistent medullary thyroid cancer
 - Progressive/symptomatic thyroid cancer
- Gallbladder cancer with RET gene fusion
- Vaginal cancer with RET gene fusion
- Pancreatic adenocarcinoma with RET gene fusion
- Uterine sarcoma with RET gene fusion
- Ampullary adenocarcinoma with RET gene fusion
- Soft tissue sarcoma with RET gene fusion
- Neuroendocrine and adrenal tumors - extrapulmonary poorly differentiated: neuroendocrine carcinoma/large or small cell carcinoma/mixed neuroendocrine-non-neuroendocrine neoplasm or pheochromocytoma/paraganglioma with RET gene fusion

All other indications are considered experimental/investigational and not medically necessary.

Documentation

Submission of the following information is necessary to initiate the prior authorization review:

Documentation of the presence of a RET gene fusion or specific RET gene mutation in tumor specimens or plasma (where applicable).

Coverage Criteria

Non-Small Cell Lung Cancer^{1,2}

Authorization of 12 months may be granted as a single agent for treatment of recurrent, advanced, or metastatic non-small cell lung cancer (including brain metastases from NSCLC) when the tumors have a RET gene fusion.

Thyroid Cancer¹⁻³

Authorization of 12 months may be granted for treatment of thyroid cancer with a RET gene mutation when any of the following criteria are met:

- Member has locoregional or metastatic anaplastic thyroid cancer and the requested medication will be used as a single agent
- Member has unresectable, recurrent, persistent, advanced, or metastatic medullary thyroid cancer
- Member has progressive/symptomatic, advanced, or metastatic follicular, oncocytic/Hürthle cell, or papillary thyroid carcinoma that is not amenable to radioactive iodine therapy

Solid Tumors^{1,2}

Authorization of 12 months may be granted for treatment of solid tumors when all of the following criteria are met:

- The disease is recurrent, persistent, progressive, unresectable, advanced or metastatic
- The tumor has a RET gene fusion
- Member has not responded to preoperative therapy, has progressed on or following prior systemic treatment, or has no satisfactory alternative treatment options
- If the member has one of the following solid tumors, the requested medication will be used as a single agent:
 - Epithelial ovarian cancer, fallopian tube cancer, primary peritoneal cancer
 - Cervical cancer
 - Small bowel adenocarcinoma
 - Colorectal cancer, including appendiceal adenocarcinoma and anal adenocarcinoma
 - Intrahepatic and extrahepatic cholangiocarcinoma
 - Breast cancer
 - Salivary gland tumors
 - Esophageal and esophagogastric junction cancers
 - Gastric cancer
 - Vaginal cancer

Histiocytic Neoplasms²

Authorization of 12 months may be granted for the treatment of any of the following histiocytic neoplasm subtypes as a single agent in members with a RET gene fusion:

- Symptomatic or relapsed/refractory Erdheim-Chester Disease (ECD)
- Symptomatic or relapsed/refractory Rosai-Dorfman Disease
- Langerhans Cell Histiocytosis (LCH)

Occult Primary Cancer²

Authorization of 12 months may be granted for treatment of occult primary cancer with a RET gene fusion that has progressed on or following systemic treatment, or who have no satisfactory alternative treatment options, when used as a single agent.

Gallbladder Cancer²

- Authorization of 12 months may be granted for treatment of unresectable, resected gross residual (R2) or metastatic gallbladder cancer with a RET gene fusion that has progressed on or following systemic treatment, when used as a single agent.
- Authorization of 12 months may be granted for the neoadjuvant treatment of resectable locoregionally advanced gallbladder cancer with a RET gene fusion, when used as a single agent.

Pancreatic Adenocarcinoma²

Authorization of 12 months may be granted for treatment of locally advanced, recurrent or metastatic pancreatic adenocarcinoma with a RET gene fusion when used as a single agent.

Uterine Sarcoma²

Authorization of 12 months may be granted for treatment of advanced, recurrent/metastatic or inoperable uterine sarcoma with a RET gene fusion when used as a single agent.

Ampullary Adenocarcinoma²

Authorization of 12 months may be granted for treatment of ampullary adenocarcinoma with a RET gene fusion when used as a single agent and either of the following criteria is met:

- The disease is progressive or
- The disease is metastatic and the requested medication will be used for first-line therapy.

Soft Tissue Sarcoma²

Authorization of 12 months may be granted for treatment of advanced or metastatic soft tissue sarcoma (including extremity/body wall, head/neck, retroperitoneal/intra-abdominal sarcoma) and pleomorphic rhabdomyosarcoma with a RET gene fusion when used as a single agent.

Neuroendocrine and Adrenal Tumors²

Authorization of 12 months may be granted for treatment of locoregional unresectable or metastatic neuroendocrine carcinoma/large or small cell carcinoma/mixed neuroendocrine-non-neuroendocrine neoplasm that are extrapulmonary poorly differentiated or pheochromocytoma/paraganglioma with a RET gene fusion that has progressed on or following systemic treatment, or who have no satisfactory alternative treatment options.

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Retevmo [package insert]. Indianapolis, IN: Lilly USA, LLC; December 2024.
2. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. <https://www.nccn.org>. Accessed February 26, 2025.
3. Morgenstern D, Mascarenhas L, Campbell M, et al. Oral selpercatinib in pediatric patients with advanced RET-altered solid or primary CNS tumors: preliminary results from the phase 1/2 LIBRETTO-121 trial. J Clin Oncol. 2021;39(suppl 15):10009