Reference number(s)
6986-A

Specialty Guideline Management
Emrelis

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
Emrelis	telisotuzumab vedotin-tllv

Indications

FDA-approved Indication[1]

Emrelis is indicated for the treatment of adult patients with locally advanced or metastatic, non-squamous non-small cell lung cancer (NSCLC) with high c-Met protein overexpression [greater than or equal to 50% of tumor cells with strong (3+) staining], as determined by an FDA-approved test, who have received a prior systemic therapy.

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: c-Met protein expression status.

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Coverage Criteria

Non-Small Cell Lung Cancer (NSCLC)[1]

Authorization of 12 months may be granted for treatment of locally advanced or metastatic non-squamous NSCLC with high c-Met protein overexpression [greater than or equal to 50% of tumor cells with strong (3+) staining], for members who have received a prior systemic therapy.

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. Emrelis [package insert]. North Chicago, IL: AbbVie Inc.; May 2025.