Applicable Drugs: Emrelis (telisotuzumab vedotin-tllv)

Preferred: N/A

Non-preferred: N/A

Date of Origin: 6/1/2026

Date Last Reviewed / Revised: N/A

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I to V are met.)

I. Documentation of the following FDA-approved diagnosis AND must meet all criteria listed under the applicable diagnosis:

FDA-Approved Indication(s)

A. Non-Small Cell Lung Cancer

i. Documentation of non-squamous cell histology.

ii. Documentation of locally advanced or metastatic disease.

iii. Documentation of progression after at least one systemic chemotherapy regimen for advanced or metastatic disease.

iv. Documentation of tumor cells with high c-Met protein overexpression, defined as greater than or equal to 50% of tumor cells with strong (3+) staining using immunohistochemistry (IHC), confirmed using an FDA-approved test.

v. Documentation disease is epidermal growth factor receptor (EGFR)-wild type.

vi. Emrelis will be used as monotherapy.

II. Minimum age requirement: 18 years old or older

III. Treatment must be prescribed by or in consultation with an oncologist or hematologist.

IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium with a Category of Evidence and Consensus of 1 or 2A.

V. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- N/A

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Quantities limited to a 28-day supply
- Available as 100-mg vials and 20-mg vials
- Dose: 1.9 mg/kg every 2 weeks

APPROVAL LENGTH

- **Authorization:** 6 months
- **Re-Authorization:** 6 months. An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and does not show evidence of progressive disease.

APPENDIX

N/A

REFERENCES

1. Emrelis. Prescribing Information. AbbVie Inc. 2025. Accessed March 26, 2026. www.accessdata.fda.gov/drugsatfda_docs/label/2025/761384s000lbl.pdf
2. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Non-Small Cell Lung Cancer. Version 5.2026. Updated March, 13, 2026. Accessed April 2, 2026. www.nccn.org/professionals/physician_gls_pdf/nscl/pdf

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.