Rybrevant® (amivantamab-vmjw)
(Intravenous)

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Document Number: EOCCO-0639

Date Approved: 01/06/2025
Date of Origin: 12/02/2021
Dates Reviewed: 12/2021, 05/2022, 05/2023, 11/2023, 06/2024, 10/2024, 11/2024, 12/2024

I. Length of Authorization

Coverage will be provided for 6 months and may be renewed.

II. Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:

- 875 billable units (1750 mg) every 7 days for 5 weeks, no dose on week 6, then 2100 billable units (4200 mg) every 42 days thereafter

III. Initial Approval Criteria [1]

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**
- Patient has been instructed/counseled on limiting sun exposure and the use of protective clothing and/or broad-spectrum UVA/UVB sunscreen; **AND**

Universal Criteria [1]

- Patient does not have untreated brain metastases (clinically stable asymptomatic brain metastases are allowed); **AND**

Non-Small Cell Lung Cancer (NSCLC) † ‡ [1-7,5e,6e]

- Patient has recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; **AND**
  - Used in combination with lazertinib; **AND**
    - Patient has epidermal growth factor receptor (EGFR) exon 19 deletion or exon 21 L858R mutation positive disease as detected by an FDA-approved or CLIA compliant test❖; **AND**
      - Used as first-line treatment; **OR**

        - Used as continuation of therapy following disease progression on amivantamab + lazertinib for asymptomatic disease, symptomatic brain lesions, or symptomatic systemic limited progression; **OR**
    - Used in combination with carboplatin and pemetrexed in patients with nonsquamous histology; **AND**
        - Used as first-line therapy; **AND**
            - Patient has EGFR exon 20 insertion mutation positive disease as detected by an FDA-approved or CLIA compliant test❖; **OR**
        - Used as subsequent therapy; **AND**
            - Patient has EGFR exon 19 deletion or exon 21 L858R mutation positive disease as detected by an FDA-approved or CLIA compliant test❖; **AND**
                - Used following disease progression on or after treatment with osimertinib; **OR**
            - Patient has EGFR S768I, L861Q, and/or G719X mutation positive disease as detected by an FDA-approved or CLIA compliant test❖ **Ω**; **AND**
                - Used following disease progression on osimertinib for symptomatic systemic disease with multiple lesions; **OR**
    - Used as a single agent; **AND**
        - Used as subsequent therapy; **AND**
        - Patient has EGFR exon 20 insertion mutation positive disease as detected by an FDA-approved or CLIA compliant test❖; **AND**
        - Patient has disease progression on or after platinum-based chemotherapy

Preferred therapies and recommendations are determined by review of clinical evidence. NCCN category of recommendation is taken into account as a component of this review. Regimens deemed equally efficacious (i.e., those having the same NCCN categorization) are considered to be therapeutically equivalent.

❖ *If confirmed using an immunotherapy assay – http://www.fda.gov/companiondiagnostics*

Ω *Please note that the supporting data for this indication has been assessed and deemed to be of insufficient quality based on the review conducted for the Enhanced Oncology Value (EOV) program. However, due to the absence of viable alternative treatment options, this indication will be retained in our policy and evaluated on a case-by-case basis.*

† FDA Approved Indication(s); **‡** Compendia Recommended Indication(s); **Φ** Orphan Drug

IV. Renewal Criteria [1]

Coverage can be renewed based upon the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria identified in section III; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe infusion-related reactions, interstitial lung disease, pneumonitis, venous thromboembolic events (e.g., deep vein thrombosis, pulmonary embolism), dermatologic adverse reactions (e.g., dermatitis acneiform, pruritis, dry skin, toxic epidermal necrolysis [TEN]), ocular toxicity (e.g., keratitis, blepharitis, dry eye symptoms, conjunctival redness, blurred vision, visual impairment, ocular itching, eye pruritus, uveitis), etc.

Non-Small Cell Lung Cancer (continuation of therapy following disease progression amivantamab + lazertinib)

Refer to Section III for criteria

V. Dosage/Administration [1]

<table>
<tr><th>Indication</th><th>Dose</th></tr>
<tr><td>NSCLC</td><td>
<u>In combination with carboplatin and pemetrexed:</u>
<table>
<tr><th>Body weight at baseline [a]</th><th>Recommended Dose</th><th>Dosing Schedule**</th></tr>
<tr><td>< 80 kg</td><td>1400 mg</td><td>Weekly (total of 4 doses) from Weeks 1 to 4
• Week 1: split infusion on Day 1 and Day 2
• Weeks 2 to 4: infusion on Day 1
• Weeks 5 and 6: no dose</td></tr>
<tr><td></td><td>1750 mg</td><td>Every 3 weeks starting at Week 7 onwards</td></tr>
<tr><td>≥ 80 kg</td><td>1750 mg</td><td>Weekly (total of 4 doses) from Weeks 1 to 4
• Week 1: split infusion on Day 1 and Day 2
• Weeks 2 to 4: infusion on Day 1
Weeks 5 and 6: no dose</td></tr>
<tr><td></td><td>2100 mg</td><td>Every 3 weeks starting at Week 7 onwards</td></tr>
<tr><td colspan="3">***<u>NOTE</u>:** Continue treatment with Rybrevant until disease progression or unacceptable toxicity.</td></tr>
</table>
<u>Single agent or in combination with lazertinib:</u>
<table>
<tr><th>Body weight at baseline [a]</th><th>Recommended Dose</th><th>Dosing Schedule**</th></tr>
</table>
</td></tr>
</table>

<table>
<tr><td></td><td>
<table>
<tr><td>< 80 kg</td><td>1050 mg</td><td>Weekly (total of 5 doses) from Weeks 1 to 5
• Week 1: split infusion on Day 1 and Day 2
• Weeks 2 to 5: infusion on Day 1
• Week 6: no dose</td></tr>
<tr><td colspan="2"></td><td>Every 2 weeks starting at Week 7 onwards</td></tr>
<tr><td>≥ 80 kg</td><td>1400 mg</td><td>Weekly (total of 5 doses) from Weeks 1 to 5
• Week 1: split infusion on Day 1 and Day 2
• Weeks 2 to 5: infusion on Day 1
Weeks 6: no dose</td></tr>
<tr><td colspan="2"></td><td>Every 2 weeks starting at Week 7 onwards</td></tr>
<tr><td colspan="3">***NOTE:** Continue treatment with Rybrevant until disease progression or unacceptable toxicity.</td></tr>
</table>
[a] Dose adjustments not required for subsequent body weight changes.
</td></tr>
<tr><td colspan="2">***NOTE:***
• Administer premedications before each infusion as recommended.</td></tr>
</table>

VI. Billing Code/Availability Information

HCPCS Code:

- J9061 – Injection, amivantamab-vmjw, 2 mg; 1 billable unit = 2 mg

NDC:

- Rybrevant 350 mg/7 mL (50 mg/mL) solution as a single-dose vial: 57894-0501-xx

VII. References (STANDARD)

1. Rybrevant [package insert]. Horsham, PA; Janssen Biotech, Inc.; September 2024. Accessed December 2024.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for amivantamab. National Comprehensive Cancer Network, 2025. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed December 2024.
3. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) Non-Small Cell Lung Cancer, Version 11.2024. National Comprehensive Cancer Network, 2025. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed December 2024.
4. Cho, BC; Lee, KH; Cho, EK; et al. Amivantamab (JNJ-61186372), an anti-EGFR-MET bispecific antibody, in patients with EGFR exon 20 insertion (exon20ins)-mutated non-small cell lung

cancer (NSCLC). DOI: 10.1200/JCO.2020.38.15_suppl.9512 Journal of Clinical Oncology 38, no. 15_suppl (May 20, 2020) 9512-9512.

5. Zhou C, Tang KJ, Cho BC, et al; PAPILLON Investigators. Amivantamab plus Chemotherapy in NSCLC with EGFR Exon 20 Insertions. N Engl J Med. 2023 Nov 30;389(22):2039-2051. doi: 10.1056/NEJMoa2306441. Epub 2023 Oct 21. PMID: 37870976.
6. Cho BC, Felip E, Hayashi H, et al. MARIPOSA: phase 3 study of first-line amivantamab + lazertinib versus osimertinib in EGFR-mutant non-small-cell lung cancer. Future Oncol. 2022 Feb;18(6):639-647. doi: 10.2217/fon-2021-0923. Epub 2021 Dec 16. PMID: 34911336.
7. Passaro A, Wang J, Wang Y, et al; MARIPOSA-2 Investigators. Amivantamab plus chemotherapy with and without lazertinib in EGFR-mutant advanced NSCLC after disease progression on osimertinib: primary results from the phase III MARIPOSA-2 study. Ann Oncol. 2024 Jan;35(1):77-90. doi: 10.1016/j.annonc.2023.10.117. Epub 2023 Oct 23. PMID: 37879444.

VIII. References (ENHANCED)

1e. Park K, Haura EB, Leighl NB, et al. Amivantamab in EGFR Exon 20 Insertion-Mutated Non-Small-Cell Lung Cancer Progressing on Platinum Chemotherapy: Initial Results From the CHRYSALIS Phase I Study. J Clin Oncol. 2021 Oct 20;39(30):3391-3402. doi: 10.1200/JCO.21.00662.

2e. Passaro A, Wang J, Wang Y, et al. Amivantamab plus chemotherapy with and without lazertinib in EGFR-mutant advanced NSCLC after disease progression on osimertinib: Primary results from the phase 3 MARIPOSA-2 study. Annals of Oncology. Published online October 1, 2023. doi:https://doi.org/10.1016/j.annonc.2023.10.117

3e. Cho B.C, Wang Y, Li Y, et al. 322MO Amivantamab in combination with Lazertinib in patients with atypical epidermal growth factor receptor (EGFR) mutations excluding exon 20 insertion mutations: Initial results from CHRYSALIS-2. Annals of Oncology. Published online November 2022. Doi: https://doi.org/10.1016/j.annonc.2022.10.359

4e. Zhou C, Tang KJ, Byoung Chul Cho, et al. Amivantamab plus Chemotherapy in NSCLC with EGFR Exon 20 Insertions. The New England Journal of Medicine. Published online October 21, 2023. doi:https://doi.org/10.1056/nejmoa2306441

5e. Cho BC, Lu S, Felip E, et al. Amivantamab plus Lazertinib in Previously Untreated EGFR-Mutated Advanced NSCLC. New England Journal of Medicine. Published online June 26, 2024. doi: https://doi.org/10.1056/NEJMoa2403614.

6e. Planchard D, Jänne PA, Cheng Y, et al; FLAURA2 Investigators. Osimertinib with or without Chemotherapy in EGFR-Mutated Advanced NSCLC. N Engl J Med. 2023 Nov 23;389(21):1935-1948. doi: 10.1056/NEJMoa2306434. Epub 2023 Nov 8.

7e. Prime Therapeutics Management. Rybrevant Clinical Literature Review Analysis. Last updated December 2024. Accessed December 2024.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
Z85.118	Personal history of other malignant neoplasm of bronchus and lung

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC