

TEPOTINIB (Tepmetko)

INDICATION (ICD10) C34

Check the most recent Blumetq eligibility criteria before prescribing. Blumetq registration required. (www.england.nhs.uk/publication/national-cancer-drugs-fund-list/) (TEP1) (TEP2)

1. Tepotinib monotherapy for the treatment of adult patients with untreated locally advanced or metastatic non-small cell lung cancer (NSCLC) harbouring mesenchymal-epithelial transition (MET) exon 14 skipping alterations. EGFR wild type and negative for both ALK and ROS1 gene rearrangements. No known brain metastases or if the patient does have brain metastases then the patient is symptomatically stable before starting tepotinib. PS 0 or 1. (TA789)
2. Tepotinib monotherapy for the treatment of adult patients with previously treated (not been previously treated with a drug specifically targeting a MET exon 14 skipping alteration) locally advanced or metastatic non-small cell lung cancer (NSCLC) harbouring mesenchymal-epithelial transition (MET) exon 14 skipping alterations. EGFR wild type and negative for both ALK and ROS1 gene rearrangements.. No known brain metastases or if the patient does have brain metastases then the patient is symptomatically stable before starting tepotinib. PS 0 or 1. (TA789)

REGIMEN

TEPOTINIB 450mg orally once daily continuously

CYCLE FREQUENCY AND NUMBER OF CYCLES

Until disease progression.

A formal medical review as to how tepotinib is being tolerated will be done before the start of the second month of treatment and the next review to determine whether treatment with tepotinib should continue or not will be scheduled to occur at least by the end of the second month of therapy.

ADMINISTRATION

Available as 225mg tablets

Swallowed whole with water once daily with food (or dissolve in 30ml water, stir thoroughly and swallowed immediately, rinse glass with an additional 30ml water and swallow ensuring no residue).

ANTI-EMETICS

Low risk

CONCURRENT MEDICATION REQUIRED

Tepotinib	-
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EXTRAVASATION AND TYPE OF LINE / FILTERS

Not applicable

INVESTIGATIONS

Blood results required before SACT administration

FBC, U&E every cycle

LFTs every 2 weeks for 3 cycles then every cycle

Neutrophils x 10⁹/L ≥1.5

Platelets x 10⁹/L ≥100

Baseline weight

MAIN TOXICITIES AND ADVERSE REACTIONS

Tepotinib	Interstitial lung disease Hepatotoxicity Oedema
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INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS (not exhaustive list check SPC/BNF/Stockleys)

Tepotinib	Lots of interactions check carefully eg Metformin Tepotinib or its metabolite may have the potential to alter the exposure of substrates of the transporters OCT1 and 2 and MATE1 and 2. The most clinically relevant example of substrates of these transporters is metformin. Monitoring of the clinical effects of metformin is recommended during co-administration with tepotinib.
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DOSE MODIFICATIONS

Non-haematological

Tepotinib

Recommended dose	450mg once daily
First dose adjustment	225mg once daily
Second dose adjustment	discontinue

Hepatotoxicity

Grade 3 Increased ALT and/or AST without increased total bilirubin	Withhold until recovery to baseline ALT/AST. If recovered to baseline within 7 days, then resume tepotinib at the same dose; otherwise resume tepotinib at a reduced dose.
Grade 4 Increased ALT and/or AST without increased total bilirubin	Permanently discontinue.
Increased ALT and/or AST with increased total bilirubin in the absence of cholestasis or hemolysis. ALT and/or AST greater than 3 times ULN with total bilirubin greater than 2 times ULN	Permanently discontinue.
Grade 3 Increased total bilirubin without concurrent increased ALT and/or AST	Withhold tepotinib until recovery to baseline bilirubin. If recovered to baseline within 7 days, then resume tepotinib at a reduced dose; otherwise permanently discontinue.
Grade 4 Increased total bilirubin without concurrent increased ALT and/or AST	Permanently discontinue.

Interstitial lung disease (ILD)

Any grade	Withhold tepotinib if ILD is suspected. Permanently discontinue tepotinib if ILD is confirmed.
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Other adverse reactions

Grade 2	Maintain dose level. If intolerable, consider withholding tepotinib until resolved, then resume tepotinib at a reduced dose.
Grade 3	Withhold until resolved, then resume tepotinib at a reduced dose
Grade 4	Permanently discontinue tepotinib.

Hepatic impairment

Tepotinib

Child-Pugh scores are based on ascites, encephalopathy, INR, albumin, total bilirubin

No dose adjustment of tepotinib is required for patients with mild hepatic impairment (Child-Pugh class A) or moderate hepatic impairment (Child-Pugh class B).

Renal impairment

Tepotinib

CrCl 30-89ml/min	Give 100% dose
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REFERENCES

1. SPC