

## Regimen Monograph

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## A - Regimen Name

# TEPO Regimen

Tepotinib

**Disease Site** Lung  
Non-Small Cell

**Intent** Palliative

**Regimen Category** **Evidence-informed :**

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

**Rationale and Uses** Treatment of locally advanced unresectable or metastatic non-small cell lung cancer (NSCLC) harbouring mesenchymalepithelial transition (MET) tyrosine kinase receptor exon 14 skipping alterations

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**B - Drug Regimen**

tepotinib                                      450 mg                                      PO                                      Daily

(This drug is not currently publicly funded for this regimen and intent)

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**C - Cycle Frequency****CONTINUOUS TREATMENT**

Until disease progression or unacceptable toxicity

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**D - Premedication and Supportive Measures**

**Antiemetic Regimen:**    Low – No routine prophylaxis; PRN recommended

**Other Supportive Care:**

**Screen for hepatitis B virus in all cancer patients starting systemic treatment.** Refer to the [hepatitis B virus screening and management](#) guideline.

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**K - References**

Mazieres J, Paik PK, Garassino MC, et al. Tepotinib treatment in patients with MET exon 14-skipping non-small cell lung cancer: long-term follow-up of the VISION phase 2 non-randomized clinical trial. JAMA Oncol. 2023 Sep 1;9(9):1260-1266. doi: 10.1001/jamaoncol.2023.1962.

**July 2025** new ST-QBP regimen

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## M - Disclaimer

### **Regimen Abstracts**

*A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an “as-is” basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information’s quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.*

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### **Regimen Monographs**

*Refer to the [New Drug Funding Program](#) or [Ontario Public Drug Programs](#) websites for the most up-to-date public funding information.*

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