

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

## Tabrecta (capmatinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Tabrecta (capmatinib)	May be subject to quantity limit

### APPROVAL CRITERIA

Requests for Tabrecta (capmatinib) may be approved if the following criteria are met (Label, NCCN 2A):

- I. Individual has a diagnosis of recurrent, advanced, or metastatic Non-Small Cell Lung Cancer (NSCLC); **AND**
- II. Individual is using as monotherapy; **AND**
- III. Individual has confirmation of mesenchymal-epithelial transition (MET) exon 14 skipping positive tumors as detected by an FDA-approved test; **AND**
- IV. Individual has not received treatment with another MET exon 14 skipping-targeted agent, such as crizotinib.

### Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: May 19, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2020 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on May 19, 2020.
  - a. Non-Small Cell Lung Cancer. V4.2020. Revised May 15, 2020.
6. NCT02414139. ClinicalTrials.gov. U.S. National Library of Medicine. National Institute of Health. Available at <https://clinicaltrials.gov/ct2/show/NCT02414139?term=nct02414139&draw=2&rank=1>. Accessed on May 19, 2020.

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New Program Date 08/17/2020

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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<b>Applicable</b>	X	X	X	X	X	X	X

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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