

# Specialty Guideline Management

## Tabrecta

### Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Tabrecta	capmatinib

### Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

#### FDA-approved Indications

Tabrecta is indicated for the treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) whose tumors have a mutation that leads to mesenchymal-epithelial transition (MET) exon 14 skipping as detected by an FDA-approved test.

#### Compendial Use

Non-small cell lung cancer

All other indications are considered experimental/investigational and not medically necessary.

### Documentation

Submission of the following information is necessary to initiate the prior authorization review:

Tabrecta SGM 3878-A P2024\_R.docx

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Reference number(s)
3878-A

Documentation of a mutation that leads to mesenchymal-epithelial transition (MET) exon 14 skipping or MET amplification in tumor or plasma specimens.

## Coverage Criteria

### Non-Small Cell Lung Cancer

Authorization of 12 months may be granted for treatment of NSCLC when either of the following criteria are met:

- The requested medication will be used as a single agent for recurrent, advanced, or metastatic NSCLC (including brain metastases from NSCLC) with MET exon 14 skipping positive tumors when the member has not experienced disease progression on therapy with a MET exon 14 skipping mutation-targeted regimen.
- The requested medication will be used for metastatic NSCLC with high-level MET amplification.

## Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

## References

1. Tabrecta [package insert]. East Hanover, NJ: Novartis Pharmaceutical Corporation; March 2024.
2. The NCCN Drugs & Biologics Compendium® © 2024 National Comprehensive Cancer Network, Inc. Available at: <https://www.nccn.org>. Accessed July 15, 2024.