

## PRIOR AUTHORIZATION POLICY

**POLICY:** Oncology – Tabrecta Prior Authorization Policy

- Tabrecta<sup>®</sup> (capmatinib tablets – Novartis)

**REVIEW DATE:** 02/07/2024

---

### OVERVIEW

Tabrecta, a kinase inhibitor, is indicated for the treatment of metastatic **non-small cell lung cancer (NSCLC)** in adults whose tumors have a mutation that leads to mesenchymal-epithelial transition (*MET*) exon 14 skipping as detected by an FDA-approved test.<sup>1</sup>

### Guidelines

The National Comprehensive Cancer Network (NCCN) NSCLC guidelines (version 1.2024 – December 21, 2023) recommend Tabrecta (category 2A) as a “Preferred” first-line or subsequent line treatment option for patients with advanced or metastatic NSCLC who are positive for *MET* exon 14 skipping mutations or high-level *MET* amplification.<sup>2</sup>

### POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Tabrecta. All approvals are provided for the duration noted below.

**Automation:** None.

### RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Tabrecta is recommended in those who meet the following criteria:

#### FDA-Approved Indication

- 1. Non-Small Cell Lung Cancer.** Approve for 1 year if the patient meets the following (A, B, and C):
  - A)** Patient is  $\geq 18$  years of age; AND
  - B)** Patient has advanced or metastatic disease; AND
  - C)** Patient meets one of the following (i or ii):
    - i.** Patient has mesenchymal epithelial transition (*MET*) exon 14 skipping mutations as detected by an approved test; OR
    - ii.** Patient has high-level *MET* amplification as detected by an approved test.

**CONDITIONS NOT RECOMMENDED FOR APPROVAL**

Coverage of Tabrecta is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

**REFERENCES**

1. Tabrecta® tablets [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; March 2023.
2. The NCCN Non-Small Cell Lung Cancer Clinical Practice Guidelines in Oncology (version 1.2024 – December 21, 2023). © 2023 National Comprehensive Cancer Network. Available at: <http://www.nccn.org/>. Accessed on February 6, 2024.