

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Capmatinib (Tabrecta)

Notes:

- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Non-formulary **capmatinib (Tabrecta)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematologist or oncologist
- Patient is age 18 or older
- Patient has a diagnosis of metastatic, non-small cell lung cancer
- Patient has a mesenchymal-epithelial transition (MET) exon 14 skipping mutation
OR
- Patient has a MET amplification with gene copy number (GCN) greater than or equal to 10 AND prior treatment with chemotherapy +/- immunotherapy or a contraindication/intolerance to chemotherapy +/- immunotherapy

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **capmatinib (Tabrecta)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematologist or oncologist
- Patient is age 18 or older
- Patient has a diagnosis of metastatic, non-small cell lung cancer
- Patient has a mesenchymal-epithelial transition (MET) exon 14 skipping mutation
OR
- Patient has a MET amplification with gene copy number (GCN) greater than or equal to 10

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **capmatinib (Tabrecta)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematologist or oncologist
- Patient is age 18 or older
- Patient has a diagnosis of metastatic, non-small cell lung cancer
- Patient has a mesenchymal-epithelial transition (MET) exon 14 skipping mutation
OR

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Revised: 05/09/24
Effective: 07/04/24

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

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