STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

CAPMATINIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
CAPMATINIB	TABRECTA	46519		GPI-10 (2153401620)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of metastatic non-small cell lung cancer (NSCLC) and meet **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - The patient's tumors have a mutation that leads to mesenchymal-epithelial transition (MET) exon 14 skipping as detected by an FDA-approved test

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #4 per day.**
   If no, do not approve.
   DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **CAPMATINIB (Tabrecta)** requires the following rule(s) be met for approval:
   A. You have metastatic non-small cell lung cancer (NSCLC: type of lung cancer that has spread to other parts of the body)
   B. You are 18 years of age or older
   C. Your tumors have a mutation that leads to mesenchymal-epithelial transition (MET) exon 14 skipping (an abnormal change in a gene that makes MET protein) as detected by an FDA-approved test

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Tabrecta.

REFERENCES

- Tabrecta [Prescribing Information]. East Hanover, NJ: Novartis; May 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 10/01/20
Created: 08/20
Client Approval: 08/20
P&T Approval: 07/20