

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Capmatinib (Tabrecta)

**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 at least 18 years of age
- Patient has diagnosis of metastatic, non-small cell lung cancer
- Mesenchymal-epithelial transition (MET) exon 14 skipping mutation **-OR-** MET amplification with gene copy number (GCN) greater than or equal to 10

**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 at least 18 years of age
- Patient has diagnosis of metastatic, non-small cell lung cancer
- Mesenchymal-epithelial transition (MET) exon 14 skipping mutation **-OR-** 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 at least 18 years of age
- Patient has diagnosis of metastatic, non-small cell lung cancer
- Mesenchymal-epithelial transition (MET) exon 14 skipping mutation **-OR-** MET amplification with gene copy number (GCN) greater than or equal to 10