

capmatinib (TABRECTA)

Diagnosis Considered for Coverage:

- Non-small cell lung cancer (NSCLC)

Coverage Criteria:

For diagnosis listed above:

For diagnosis of non-small cell lung cancer (NSCLC):

- Being used as a single agent, **and**
- Being used for unresectable, recurrent, refractory, or metastatic disease, **and**
- Cancer is positive for one of the following:
 - Presence of MET exon 14 skipping mutation, or
 - High level mesenchymal-epidermal transition (MET) gene amplification
- Dose does not exceed 800 mg per day.

Coverage Duration: one year

Effective Date: 6/28/2023