capmatinib (Tabrecta™)

EOCCO POLICY

Policy Type: PA/SP Pharmacy Coverage Policy: EOCCO189

Description

Capmatinib (Tabrecta) is an orally administered tyrosine kinase inhibitor (TKI) that targets mesenchymal-epithelial transition (MET) receptor.

Length of Authorization

- N/A

Quantity Limits

Product Name	Indication	Dosage Form	Quantity Limit
capmatinib (Tabrecta)	Metastatic Non-Small Cell Lung Cancer with a mutation that leads to MET exon 14 skipping	200 mg tablets	112 tablets/28 days
		150 mg tablets	

Initial Evaluation

I. Capmatinib (Tabrecta) is considered investigational when used for all conditions, including but not limited to Non-Small Cell Lung Cancer.

Renewal Evaluation

I. N/A

Supporting Evidence

I. Capmatinib (Tabrecta) is the first therapy FDA-approved for NSCLC with a mutation that leads to MET 14 exon 14 skipping. Other therapies that may be used in this setting include tepotinib (Tepmetko), crizotinib (Xalkori®), platinum-based doublet chemotherapy with or without bevacizumab, and/or immunotherapy (e.g., nivolumab, pembrolizumab); however, available data is limited and response in this population is generally poor.

II. Capmatinib (Tabrecta) is FDA-approved in the metastatic setting. It was evaluated in GEOMETRY mono-1, an open-label, Phase 2, multi-cohort, single-arm trial. Patients with METex14 skipping mutation or MET-amplified disease across various treatment settings (e.g., treatment naïve vs pretreated) were included. Initial FDA-approval under accelerated pathway, was based on those with METex14 skipping mutation only, Cohorts 4 and 5b. Cohort 4 patients were previously

treated with one or two lines of therapy and Cohort 5b included treatment-naïve patients. Patients had MET-dysregulated advanced NSCLC, with absence of EGFR or ALK mutations. Full FDA approval was granted based on additional data from Cohorts 6 and 7. Cohort 6 patients were previously treated, with majority receiving one prior line of therapy and Cohort 7 patients were treatment naïve. Cohorts 6 and 7 included patients with METex14 skipping mutation.

III. Primary efficacy outcomes were Overall Response Rate (ORR) and Duration of Response (DoR). Secondary outcomes were Progression-free Survival (PFS) and Overall Survival (OS); however, quality of the evidence is considered low given the lack of comparator and open-label trial design, as well as lack of clinically meaningful outcomes in morbidity, mortality, and quality of life. Capmatinib (Tabrecta) was FDA-approved under the accelerated approval pathway based on ORR and DoR. Conversion to regular FDA approval was based on additional ORR and DoR data for 63 patients as well as an additional 22 months of follow up. Despite receiving regular FDA approval, the medication efficacy continues to remain uncertain. There a several trials underway for NSCLC and other cancer types.

IV. The safety of capmatinib (Tabrecta) is based on patients from all cohorts (n=334). There were 37% of patients that were exposed to therapy for at least six months and 22% were exposed for at least one year. The most common adverse events include peripheral edema, nausea, fatigue, vomiting, dyspnea, and anorexia.

V. Serious adverse events occurred in 53% of patients and included dyspnea, pneumonia, pleural effusion, physical health deterioration, and peripheral edema. These events occurred in at least 2% of patients, and there was one case of fatal pneumonitis. There are no contraindications. Capmatinib (Tabrecta) showed a 54% dose interruption rate, a 23% dose reduction rate, and a 16% permanent discontinuation rate due to adverse events.

VI. As of January 2023, The National Comprehensive Cancer Network (NCCN) treatment guideline for NSCLC with a mutation that leads to MET exon 14 skipping give capmatinib (Tabrecta) a Category 2A, preferred recommendation. Tepotinib (Tepmetko) is also a preferred, Category 2A recommended treatment option. Crizotinib (Xalkori) has a Category 2A recommendation, useful in certain circumstances. These circumstances are not defined in the guideline.

VII. Insight from oncology specialists indicate that the diagnosis of stage IV metastatic disease can include intra-pulmonary (disease contained within the lungs) and extra-pulmonary (disease spread to organs outside the lungs) metastases. Intra-pulmonary metastases are typically staged as M1a and described as one of the following situations: separate nodule in the other lung, pleural or pericardial nodules, or malignant pleural or pericardial effusions. The treatment approach for those with intra-pulmonary metastases should be individualized and include surgery and, when surgery is not feasible, standard systemic therapy.

Investigational or Not Medically Necessary Uses

I. Capmatinib (Tabrecta) has not been sufficiently studied for safety and efficacy for any condition to date.

References

1. Tabrecta [Prescribing Information]. Novartis Pharmaceuticals Corporation. East Hanover, NJ. August 2022.
2. Awad MM. Impaired c-Met receptor degradation mediated by MET exon 14 mutations in non-small-cell lung cancer. J Clin Oncol. 2016;34(8):879-881.
3. Kong-Beltran M, Seshagiri S, Zha J, et al. Somatic mutations lead to an oncogenic deletion of MET in lung cancer. Cancer Res. 2006;66(1):283-289.
4. National comprehensive Cancer Network. NCCN Guidelines: Non-small Cell Lung Cancer V1.2023. Available at: http://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf. Updated December 22, 2022.
5. Sabari JK, Montecalvo J, Chen R, et al. PD-L1 expression and response to immunotherapy in patients with MET exon 14-altered non-small cell lung cancers (NSCLC). Oral presentation presented at: American Society of Clinical Oncology (ASCO) Annual Meeting. June 2-6, 2017; Chicago, IL.
6. Drilon A, Clark J, Weiss J, et al. Updated antitumor activity of crizotinib in patients with MET exon 14-altered advanced non-small cell lung cancer. Abstract presented at: IASLC 19th World Conference on Lung Cancer. September 23-26, 2018.
7. Novartis. AMCP Formulary Dossier Version 4.1, Tabrecta (capmatinib). May 2020.
8. Novartis. Capmatinib (Tabrecta) METex14 Metastatic NSCLC Overview. January 2023.

Related Policies

Policies listed below may be related to the current policy. Related policies are identified based on similar indications, similar mechanisms of action, and/or if a drug in this policy is also referenced in the related policy.

Policy Name	Disease state
tepotinib (Tepmetko)	Metastatic Non-Small Cell Lung Cancer with a mutation that leads to MET exon 14 skipping

Policy Implementation/Update:

Action and Summary of Changes	Date
Added supporting evidence for regular FDA approval of capmatinib (Tabrecta) for the treatment of adults with metastatic NSCLC with METex14 skipping mutation, updated references, added related policies section.	02/2023
Added supporting evidence around stage IV metastatic disease and metastases.	10/2021
Policy created	08/2020