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).

Length of Authorization

- N/A

Quantity Limits

Product Name	Dosage Form	Indication	Quantity Limit
capmatinib (Tabrecta)	200 mg tablets	Metastatic Non-Small Cell Lung Cancer with a mutation that leads to MET exon 14 skipping	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 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. The FDA-approval 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 was treatment-naïve patients. Patients had MET-dysregulated advanced NSCLC, with absence of EGFR or ALK mutations.

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. The medication efficacy continues to remain uncertain. Capmatinib (Tabrecta) was FDA-approved under the accelerated approval pathway based on ORR and DoR. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials. 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). Median treatment time was 15 weeks, and 31% of patients were exposed to therapy for at least six months. The most common adverse events include peripheral edema, nausea, fatigue, vomiting, dyspnea, and anorexia.

V. Serious adverse events occurred in 51% 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 June 2020, 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. Crizotinib (Xalkori) has a Category 2A recommendation, useful in certain circumstances. These circumstances are not defined in the guideline.

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. May 2020.
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 V5.2020. Available at: http://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf. Updated May 27, 2020.
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.

Policy Implementation/Update:

Action and Summary of Changes	Date
Policy created	08/2020