

## **Commercial/Healthcare Exchange PA Criteria**

Effective: July 8, 2020

### Prior Authorization: Pemazyre

**Products Affected:** Pemazyre (pemigatinib) oral tablets

<u>Medication Description</u>: Pemigatinib is an oral small molecule kinase inhibitor that targets fibroblast growth factor receptors (FGFR) 1, 2, and 3. It is indicated for the treatment of adults with previously treated, unresectable locally advanced or metastatic cholangiocarcinoma with an FGFR2 fusion or other rearrangement as detected by an FDA-approved test.

Covered Uses: Cholangiocarcinoma, unresectable, locally advanced or metastatic

### Exclusion Criteria: N/A

#### **Required Medical Information:**

- 1. Diagnosis
- 2. Previous medications tried and failed
- 3. Presence of a fibroblast growth factor receptor 2 (FGFR2) fusion or other rearrangement

Age Restrictions: 18 years of age or older

**Prescriber Restrictions:** Prescribed by, or in consultation with, an oncologist.

#### Coverage Duration: 3 years

#### **Other Criteria:**

#### Cholangiocarcinoma, unresectable, locally advanced or metastatic

- A. Patient has a diagnosis of unresectable locally advanced or metastatic cholangiocarcinoma; AND
- B. Patient has a fibroblast growth factor receptor 2 (FGFR2) fusion or other rearrangement as detected by an FDAapproved test; AND
- C. Patient has been previously treated with at least one systemic therapy regimen [e.g. gemcitabine + cisplatin, 5-fluorouracil + oxaliplatin or cisplatin, capecitabine + oxaliplatin or cisplatin, gemcitabine + Abraxane or capecitabine or oxaliplatin, FOLFOX (5-fluorouracil, leucovorin, and oxaliplatin)].

#### **<u>References</u>**:

- 1. Pemazyre<sup>™</sup> tablets [prescribing information]. Wilmington, DE: Incyte Corporation; April 2020.
- The NCCN Hepatobiliary Cancers Clinical Practice Guidelines in Oncology (Version 1.2020 March 23, 2020).
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**Policy Revision history** 

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	6/11/2020

Last Rev. June 2020

