Commercial/Healthcare Exchange PA Criteria

Effective: December 14, 2018

Prior Authorization: Vizimpro

Products Affected: Vizimpro (dacomitinib)

Medication Description:
Dacomitinib is indicated for the first-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 19 deletion or exon 21 L858R substitution mutations as detected by an FDA-approved test. As a kinase inhibitor, dacomitinib irreversibly inhibits the EGFR family (EGFR/HER1, HER2, and HER4) and certain EGFR activating mutations (exon 19 deletion or the exon 21 L858R substitution mutation).

Covered Uses: First-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 19 deletion or exon 21 L858R substitution mutations as detected by an FDA-approved test

Exclusion Criteria:
1. Pediatric patients less than 18 years of age.

Required Medical Information:
1. Diagnosis
2. Confirmation of a known sensitizing EGFR mutation (i.e. exon 19 deletions or exon 21 (L858R) substitution mutations) as detected by an FDA-approved test (e.g. cobas® EGFR Mutation Test v2)

Age Restrictions: 18 years of age and older

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

Coverage Duration:
Initial: 12 months
Continuation: 3 years

Other Criteria:
A. Patient has a diagnosis of metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 19 deletion or exon 21 L858R substitution mutations; **AND**
B. Vizimpro will be used as a single agent therapy for recurrent or metastatic disease.

References:
1. Vizimpro [package insert]. NY, NY; Pfizer; September 2018.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	12/14/2018
2	Update	Added continuation coverage duration of 3 years	Coverage Duration	7/1/2019