Mass General Brigham
Health Plan

Exkivity (mobovertinib)
Effective 05/01/2022

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview
Exkivity (mobocertinib) is a kinase inhibitor indicated for the treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 20 insertion mutations, as detected by an FDA-approved test, whose disease has progressed on or after platinum-based chemotherapy.

Coverage Guidelines
Authorization may be reviewed for members new to the plan who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted if the member meets all following criteria and documentation has been submitted:

Exkivity (mobocertinib)
1. The member has a diagnosis of locally advanced or metastatic NSCLC
2. The member has EGFR exon 20 insertion mutations
3. Disease has progressed on or after platinum-based chemotherapy (e.g. cisplatin, oxaliplatin, carboplatin)
4. The requested medication is being used as a single agent

<u>Continuation of Therapy</u>
Reauthorization by physician documented of positive clinical response as evidence by no evidence of unacceptable toxicity or disease progression

Limitations

1. Initial approvals and reauthorizations will be granted for: 12 months

References

1. Exkivity [package insert]. Lexington, MA: Takeda Pharmaceuticals America, Inc; September 2021.

Review History

03/16/2022 – Created for March P&T Effective 05/01/2022.