

**Exkivity (mobocertinib)**  
**Effective 05/01/2022**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Exceptions</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
<b>Exceptions</b>	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

### Continuation of Therapy

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.

