Vizimpro (dacomitinib)
Effective 01/01/2021

Plan	☐ MassHealth ☒ MassHealth (PUF) ☐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
Dacomitinib is an irreversible epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor which has activity against EGFR/HER1, HER2, and HER4, as well as some EGFR-activating mutations (exon 19 deletion or exon 21 L858R substitution mutation). Dacomitinib also has activity against DDR1, EPHA6, LCK, DDR2, and MNK1 (in vitro).

Coverage Guidelines
Authorization may be reviewed on a case by case basis for members new to AllWays Health Partners who are currently receiving treatment with Vizimpro, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. The member has a diagnosis of advanced or metastatic non-small cell lung cancer
2. Prescriber is an oncologist
3. Appropriate dosing
4. Member has epidermal growth factor receptor (EGFR) mutations *(Documentation must be provided on the PA request or in attached medical records)*
5. Quantity requested is ≤1 unit/day

Continuation of Therapy
Reauthorization may be granted if the provider attests the member is continuing therapy and has experienced a positive response

Limitations

1. Approvals will be granted for 3 months.
2. Reauthorization will be granted for 6 months.
3. The following quantity limits apply:

Vizimpro	30 tablets per 30 days

References

1. Vizimpro [package insert]. New York, NY: Pfizer, Inc.; September 2018.
2. The NCCN Drugs & Biologics Compendium 2019 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed March 15, 2019.
3. The NCCN Clinical Practice Guidelines in Oncology Non-Small Cell Lung Cancer (Version 3.2019). 2019 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed March 14, 2019.
4. Wu YL, Cheng Y, Zhou X, et al. Dacomitinib versus gefitinib as first-line treatment for patients with EGFR-mutation-positive non-small-cell lung cancer (ARCHER 1050): a randomized, open-label, phase 3 trial. Lancet Oncology. 2017; 18:1454-66.
5. Lexicomp [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed (June 2020).

Review History

11/20/19 – Reviewed at P&T
09/16/20 – CVS added approvable regimen, as a single agent, per NCCN.
10/6/20 – Updated criteria to be in compliance with MassHealth partial formulary requirements; split from COMM criteria

Disclaimer

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