**STANDARD COMMERCIAL DRUG FORMULARY**
**PRIOR AUTHORIZATION GUIDELINES**

**MOBOCERTINIB**

| Generic | Brand | HICL | GCN | Medi-Span | Exception/Other |
|---|---|---|---|---|---|
| MOBOCERTINIB SUCCINATE | EXKIVITY | 47578 | | GPI-10 (2136005060) | |

## GUIDELINES FOR USE

1. Does the patient have a diagnosis of locally advanced or metastatic non-small cell lung cancer (NSCLC) and meet **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - The patient has epidermal growth factor receptor (EGFR) exon 20 insertion mutations, as detected by an FDA-approved test
   - The patient's disease progressed on or after platinum-based chemotherapy (e.g., cisplatin, carboplatin, oxaliplatin)

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #4 per day.**
   If no, do not approve.
   **DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

   Our guideline named **MOBOCERTINIB (Exkivity)** requires the following rule(s) be met for approval:
   A. You have locally advanced or metastatic (cancer that has spread from where it started to nearby tissue or has spread to other parts of the body) non-small cell lung cancer (NSCLC: type of lung cancer)
   B. You are 18 years of age or older
   C. You have epidermal growth factor receptor (EGFR) exon 20 insertion mutations (type of gene mutation), as detected by a Food and Drug Administration (FDA)-approved test
   D. Your disease progressed (disease has gotten worse) on or after platinum-based chemotherapy such as cisplatin, carboplatin, oxaliplatin

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

## RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Exkivity.

## REFERENCES


- Exkivity [Prescribing Information]. Lexington, MA: Takeda Pharmaceuticals America, Inc., September 2021.


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# MOBOCERTINIB

| Library | Commercial | NSA |
|---|---|---|
| Yes | Yes | No |

Part D Effective: N/A
Commercial Effective:01/01/22

Created: 11/21
Client Approval: 11/21

P&T Approval:10/21