



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

DACOMITINIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
DACOMITINIB	VIZIMPRO	45283		GPI-10 (2136001900)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of metastatic non-small cell lung cancer (NSCLC) and meet **ALL** of the following criteria?
  - The patient has epidermal growth factor receptor (EGFR) exon 19 deletion or exon 21 L858R substitution mutations as detected by an FDA-approved test
  - Vizimpro will be used as first-line treatment
  - Vizimpro will NOT be used concurrently with an epidermal growth factor receptor (EGFR) tyrosine kinase-inhibitor (e.g., Tarceva [erlotinib], Tagrisso [osimertinib], Iressa [gefitinib])

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 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 **DACOMITINIB (Vizimpro)** requires the following rule(s) be met for approval:

- A. You have metastatic non-small cell lung cancer (type of cancer that has spread) to other parts of the body)
- B. You have epidermal growth factor receptor (EGFR) exon 19 deletion or exon 21 L858R substitution mutations (types of gene mutations) as detected by an FDA (Food and Drug Administration)-approved test
- C. Vizimpro will be used as first-line treatment
- D. You will NOT be using Vizimpro concurrently (at the same time) with an epidermal growth factor receptor (EGFR) tyrosine kinase-inhibitor (such as Tarceva [erlotinib], Tagrisso [osimertinib], Iressa [gefitinib])

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.

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**RATIONALE**

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

**REFERENCES**

- Vizimpro [Prescribing Information]. New York, NY: Pfizer Labs; December 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 07/01/22

Created: 11/18

Client Approval: 05/22

P&T Approval: 04/22