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

**DACOMITINIB**

| Generic | Brand | HICL | GCN | Exception/Other |
|---|---|---|---|---|
| DACOMITINIB | VIZIMPRO | 45283 | | |

**This drug requires a written request for prior authorization.**

**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
   - The requested medication will be used as first-line treatment

   If yes, **approve for 12 months by HICL with a quantity limit of #1 tablet per day.**
   If no, do not approve.
   **DENIAL TEXT:** The guideline named **DACOMITINIB (Vizimpro)** requires a diagnosis of metastatic non-small cell lung cancer (NSCLC). In addition, the following criteria must be met:
   - The patient has epidermal growth factor receptor (EGFR) exon 19 deletion or exon 21 L858R substitution mutations as detected by an FDA-approved test
   - The requested medication will be used as first-line treatment

**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; September 2018.


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

Part D Effective: N/A
Commercial Effective: 01/01/19
Created: 11/18
Client Approval: 11/18
P&T Approval: 10/18