UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Vizimpro

Program	Prior Authorization
Medication	Vizimpro® (dacomitinib)
Markets in Scope	Arizona, California, Colorado, Hawaii, Maryland, Nevada, New York, New York EPP, Rhode Island, Pennsylvania- CHIP, New Jersey, South Carolina
Issue Date	11/2018
Pharmacy and Therapeutics Approval Date	11/2020
Effective Date	12/2020

1. Background:

Vizimpro® (dacomitinib) is a kinase inhibitor indicated for the first-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 19 deletion or exon 21 L858R substitution mutations.

2. Coverage Criteria:

A. Non-small cell lung cancer (NSCLC)

1. Initial Authorization

a. Vizimpro will be approved based on **all** of the following criteria:

(1) Diagnosis of NSCLC

-AND-

(2) Disease is advanced or metastatic

-AND-

(3) Disease is positive for **one** of the following EGFR mutations:

(a) Exon 19 deletion
(b) Exon 21 L858R substitution

Authorization will be issued for 12 months.

2. Reauthorization

a. Vizimpro will be approved based on the following criterion:

(1) Patient does not show evidence of progressive disease while on Vizimpro therapy

Authorization will be issued for 12 months.

B. NCCN Recommended Regimens

1. Initial Authorization

a. **Vizimpro** will be approved for uses not outlined above if supported by The National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium.

Authorization will be issued for 12 months.

2. Reauthorization

a. **Vizimpro** will be approved based on the following criterion:

(1) Documentation of positive clinical response to Vizimpro therapy

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place

4. References:

1. Vizimpro [package insert]. Pfizer Labs: New York, NY; September 2018.
2. The NCCN Drugs and Biologics Compendium (NCCN Compendium™). Available at http://www.nccn.org. Accessed October 5, 2020.

Program	Prior Authorization –Vizimpro (dacomitinib)
Change Control	
Date	Change
11/2018	New program
11/2019	Annual review. Updated references.

11/2020	Annual review. Updated coverage criteria based on NCCN recommendations. Updated background and references. Added Additional Clinical Rules section.