

Reference number(s)
2770-A

# SPECIALTY GUIDELINE MANAGEMENT

## VIZIMPRO (dacomitinib)

### POLICY

#### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

##### FDA-Approved Indication

Vizimpro is 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 as detected by an FDA-approved test.

##### Compendial Uses

NSCLC, recurrent, advanced or metastatic sensitizing EGFR mutation-positive

All other indications are considered experimental/investigational and not medically necessary.

#### II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review: For NSCLC, EGFR mutation testing results.

#### III. CRITERIA FOR INITIAL APPROVAL

##### **Non-small cell lung cancer (NSCLC)**

Authorization of 12 months may be granted for treatment of recurrent, advanced or metastatic NSCLC when the member has sensitizing EGFR mutation-positive disease as a single agent.

#### IV. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section III when there is no evidence of unacceptable toxicity while on the current regimen.

#### V. REFERENCES

1. Vizimpro [package insert]. New York, NY: Pfizer, Inc.; December 2020.
2. The NCCN Drugs & Biologics Compendium 2021 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed March 1, 2021.

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3. 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 randomised, open-label, phase 3 trial. *Lancet Oncology*. 2017; 18:1454-66.