Vizimpro (dacomitinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Vizimpro (dacomitinib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Vizimpro (dacomitinib) may be approved if the following criteria are met:

I. Individual has a diagnosis of recurrent, advanced, or metastatic non-small cell lung cancer (NSCLC); **AND**
II. Individual has either epidermal growth factor receptor (EGFR) exon 19 deletion OR EGFR exon 21 L858R OR EGFR G719X OR EGFR S768I OR EGFR L861Q substitution genetic mutations with test results confirmed (NCCN 2A).

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2023. URL: http://www.clinicalpharmacology.com. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: April 5, 2023.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2023; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2021 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Accessed on April 5, 2023.
    a. Non-Small Cell Lung Cancer. V2.2023. Revised February 17, 2023.