Pemazyre (pemigatinib)

Policy Number: 5.01.723  Last Review: 10/2021
Origination: 10/2020  Next Review: 10/2022

Policy
Blue Cross and Blue Shield of Kansas City (Blue KC) will provide coverage for Pemazyre (pemigatinib) when it is determined to be medically necessary because the criteria shown below are met.

When Policy Topic is covered
Pemazyre (pemigatinib) may be considered medically necessary when the following criteria are met:

FDA Approved Indication:

1. Cholangiocarcinoma. Approve for 1 year if patient meets all of the following:
   a. Diagnosis of cholangiocarcinoma
   b. Disease is one of the following:
      i. Unresectable locally advanced
      ii. Metastatic
   c. Disease has presence of a fibroblast growth factor receptor 2 (FGFR2) fusion or other rearrangement [A]
   d. Patient has been previously treated
   e. Prescribed by or in consultation with hepatologist, gastroenterologist or oncologist

Endnotes
A. Per consultant feedback, rearrangements are specific to FGFR2.

When Policy Topic is not covered
Pemazyre (pemigatinib) is considered not medically necessary when the above criteria is not met and investigational for all other uses.

Considerations
Pemazyre (pemigatinib) requires prior authorization through the Clinical Pharmacy Department.
This Blue Cross and Blue Shield of Kansas City policy statement was developed using available resources such as, but not limited to: Food and Drug Administration (FDA) approvals, Facts and Comparisons, National specialty guidelines, local medical policies of other health plans, Medicare (CMS), local providers.

**Description of Procedure or Service**
Pemazyre (pemigatinib) is a small molecule kinase inhibitor that targets fibroblast growth factor receptors (FGFR): FGFR1, 2, and 3. Pemazyre inhibits FGFR1-3 phosphorylation and signaling and decreases cell viability in cancer cell lines with activating FGFR amplifications and fusions that resulted in constitutive activation of FGFR signaling. Constitutive FGFR signaling can support the proliferation and survival of malignant cells. The safety and efficacy of Pemazyre in pediatric patients less than 18 years of age have not been established (1).

**Rationale**
Prior authorization is required to ensure the safe, clinically appropriate and cost-effective use of Pemazyre (pemigatinib) while maintaining optimal therapeutic outcomes.

References

**Billing Coding/Physician Documentation Information**
| N/A | Oral; pharmacy benefit |

**Additional Policy Key Words**
N/A

**Policy Implementation/Update Information**
| 10/2020 | New policy titled Pemazyre (pemigatinib) |
| 10/2021 | Annual review – no changes made |

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