

## pemigatinib (PEMAZYRE)

### Diagnoses Considered for Coverage:

- Cholangiocarcinoma – unresectable locally advanced or metastatic
- Myeloid, lymphoid, or mixed lineage neoplasms with eosinophilia and FGFR1 rearrangement

### Coverage Criteria:

#### For CHOLANGIOCARCINOMA:

- Disease is unresectable, locally advanced, or metastatic, **and**
- Cancer is positive for FGFR2 fusion or other rearrangement, **and**
- Dose does not exceed 13.5 mg daily on days 1 to 14, followed by 7 days of rest, every 21 days, **and**
- Being used as a single agent, **and**
- Patient has received at least 1 prior therapy for cholangiocarcinoma

#### For MYELOID, LYMPHOID, OR MIXED LINEAGE NEOPLASMS:

- Provider attestation of eosinophilia, **and**
- Cancer is positive for FGFR1 rearrangement, **and**
- Dose does not exceed 13.5 mg daily on days 1 to 14, followed by 7 days of rest, every 21 days.

**Coverage Duration:** one year

Effective Date: 6/28/2023