

VIZIMPRO (dacomitinib, oral)

Diagnosis Considered for Coverage:

- Non-Small Cell Lung Cancer (NSCLC)

Coverage Criteria:

For diagnosis listed above:

- Patient possesses EGFR gene mutation, **and**
- Being used as a single agent, **and**
- Dose does not exceed FDA label maximum.

Coverage Duration: one year

Effective Date: 11/02/2023