BlueCross BlueShield
Federal Employee Program

PEMAZYRE
(pemigatinib)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Unresectable locally advanced or metastatic cholangiocarcinoma
   a. Fibroblast growth factor receptor 2 (FGFR2) fusion or other rearrangement, as detected by an FDA-approved test
   b. Patient has had at least one prior therapy
2. Relapsed or refractory myeloid/lymphoid neoplasms (MLNs)
   a. Fibroblast growth factor receptor 1 (FGFR1) rearrangement

AND ALL of the following:

a. Baseline ophthalmological examination has been done and patient will be monitored for retinal pigment epithelial detachment (RPED)
b. Prescriber agrees to monitor for hyperphosphatemia and agrees to initiate a low phosphate diet or phosphate lowering therapy, as clinically indicated
c. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Pemazyre and for 1 week after the last dose
d. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Pemazyre and for 1 week after the last dose

Prior - Approval Limits

Quantity

Diagnosis	Quantity
Cholangiocarcinoma	56 tablets per 84 days **OR**
Myeloid/Lymphoid Neoplasms	84 tablets per 84 days

Duration 12 months

PEMAZYRE
(pemigatinib)

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have **ONE** of the following:

1. Unresectable locally advanced or metastatic cholangiocarcinoma
2. Relapsed or refractory myeloid/lymphoid neoplasms (MLNs)

AND ALL of the following:

a. **NO** disease progression or unacceptable toxicity
b. Patient will be monitored for retinal pigment epithelial detachment (RPED)
c. Prescriber agrees to monitor for hyperphosphatemia and agrees to initiate a low phosphate diet or phosphate lowering therapy, as clinically indicated
d. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Pemazyre and for 1 week after the last dose
e. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Pemazyre and for 1 week after the last dose

Prior - Approval *Renewal* Limits

Same as above