**Overview**

Pemigatinib is a fibroblast growth factor receptor (FGFR) inhibitor used to treat unresectable, locally advanced or metastatic cholangiocarcinoma.

**Coverage Guidelines**

Authorization may be granted for members new to AllWays Health Partners who are currently receiving treatment with Pemazyre, excluding when the product is obtained as samples or via manufacturer’s patient assistance program

OR

Authorization may be granted if the member meets all the following criteria and documentation has been submitted:

1. The member is diagnosed with unresectable, locally advanced or metastatic cholangiocarcinoma
2. The tumor has FGFR2 fusion or other rearrangement
3. The member is at least 18 years of age
4. The member has received at least one prior treatment
5. The prescriber is an oncologist or medication is being prescribed in consultation with an oncologist.

**Limitations**

1. Initial approvals and reauthorizations will be granted for 12 months
2. The following quantity limits apply:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Quantity Limit</th>
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<tbody>
<tr>
<td>Pemazyre</td>
<td>21 tablets per 30 days</td>
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</tbody>
</table>

**References**

1. Pemazyre (pemigatinib) [prescribing information]. Wilmington, DE: Incyte Corporation; April 2020.

**Review History**
11/18/2020- Reviewed at Nov P&T Mtg

**Disclaimer**
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.