

Clinical Policy Title:	tucatinib
Policy Number:	RxA.647
Drug(s) Applied:	Tukysa®
Original Policy Date:	09/14/2020
Last Review Date:	09/14/2021
Line of Business Policy Applies to:	All lines of business

Background

Tucatinib (Tukysa®) is a kinase inhibitor indicated in combination with trastuzumab and capecitabine for treatment of adult patients with advanced unresectable or metastatic HER2-positive breast cancer, including patients with brain metastases, who have received one or more prior anti-HER2-based regimens in the metastatic setting.

HER2-positive breast cancer, which makes up approximately one-fifth of breast cancers, involves an overexpression of a protein called human epidermal growth factor receptor 2 (HER2), which promotes the growth of cancer cells. More than 25% of women with metastatic HER2-positive breast cancer will develop brain metastases.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
tucatinib (Tukysa®)	Advanced unresectable or metastatic HER2-positive breast cancer, including patients with brain metastases.	300 mg orally twice daily in combination with trastuzumab and capecitabine Severe hepatic impairment (Child-Pugh class C): Reduce initial dose to 200 mg twice daily. Renal Impairment: CrCl <30 mL/minute: Use is not recommended	300 mg orally twice daily

Dosage Forms

- Tablets: 50 mg and 150 mg.

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the terms of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

I. Initial Approval Criteria

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

A. Breast Cancer (must meet all):

1. Diagnosis of any one of the following (a or b):
 - a. Breast cancer;
 - b. Brain metastases related to breast cancer;
2. Documentation of advanced, unresectable, or metastatic HER2-positive breast cancer;
3. Prescribed by or in consultation with an oncologist;
4. Age \geq 18 years;
5. Prescribed in combination with trastuzumab and capecitabine;
6. Member has received one or more prior anti-HER2-based regimens (with trastuzumab, pertuzumab, and ado-trastuzumab emtansine (TDM1) separately or in combination) in the metastatic setting;
7. Request meets one of the following (a or b):
 - a. Dose does not exceed 300 mg twice daily;
 - b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (prescriber must submit supporting evidence).

Approval Duration

Commercial: 6 months

Medicaid: 6 months

II. Continued Therapy Approval

A. Breast Cancer (must meet all):

1. Member is currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy;
2. Member is responding positively to therapy;
3. Request meets one of the following (a or b):
 - a. Dose does not exceed 300 mg twice daily;
 - b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (prescriber must submit supporting evidence).

Approval Duration

Commercial: 12 months

Medicaid: 12 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key

FDA: Food and Drug Administration

HER2: human epidermal growth factor receptor 2EBC: early breast cancer

ALT: alanine aminotransferase

AST: aspartate transaminase

NCCN: National Comprehensive Cancer Network

TDM1: ado-trastuzumab emtansine

APPENDIX B: Therapeutic Alternatives

Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.

Drug Name	Dosing Regimen	Maximum Dose
Kadcyla®	3.6 mg/kg given as an intravenous infusion every 3 weeks (21-day cycle) until disease progression or	3.6 mg/kg intravenously every 3 weeks

	unacceptable toxicity, or a total of 14 cycles for patients with EBC	
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Therapeutic alternatives are listed as generic (Brand name®) when the drug is available by both generic and brand, Brand name® when the drug is available by brand only and generic name when the drug is available by generic only.

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
 - None reported.

- Boxed Warning(s):
 - None reported.

APPENDIX D: General Information

NCCN Guidelines Version 4.2020 Breast Cancer

- Added tucatinib + trastuzumab + capecitabine (category 1) as another recommended regimen for HER2-positive disease, with the following footnote: For adult patients with advanced unresectable or metastatic HER2-positive breast cancer, including patients with brain metastases, who have received one or more prior anti-HER2-based regimens in the metastatic setting.
- Embryo-Fetal Toxicity: Tukysa® can cause fetal harm. Advise patients of potential risk to a fetus and to use effective contraception.
- Hepatotoxicity: Severe hepatotoxicity has been reported on Tukysa®. Monitor ALT, AST and bilirubin prior to starting Tukysa®, every 3 weeks during treatment and as clinically indicated. Interrupt dose, then dose reduce, or permanently discontinue Tukysa® based on severity.

References

1. Tukysa® Prescribing Information. Bothell, WA: Seattle Genetics, Inc.; April 2020. Available at: <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=f27eb1b9-b7fc-424e-988f-84dd7bb195a3>. Accessed July 2, 2021.
2. National Comprehensive Cancer Network Guidelines. Breast Cancer Version 5. 2021. Available at: https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf . Accessed July 2, 2021.
3. National Comprehensive Cancer Network Guidelines. Central Nervous System Cancer Version 1. 2021. Available at: https://www.nccn.org/professionals/physician_gls/pdf/cns.pdf . Accessed July 2, 2021.
4. Seattle Genetics Announces U.S. FDA Approval of Tukysa® (tucatinib) for People with Advanced Unresectable or Metastatic HER2-Positive Breast Cancer. Seattle Genetics. 2020. Available at <https://investor.seattlegenetics.com/press-releases>. Accessed July 2, 2021.
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Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	08/11/2020	09/14/2020
Policy was reviewed: 1. Background was updated to include generic drug name Tucatinib. 2. Dosing Information doing regimen was updated to include hepatic impairment dosing, “Severe hepatic impairment (Child-Pugh class C): Reduce initial dose to 200 mg twice daily...”. 3. Dosing Information doing regimen was updated to include renal impairment dosing, “Renal Impairment: CrCl <30 mL/minute: Use is not recommended...”. 4. Statement about provider sample “The provision of provider samples does not guarantee coverage...” was added to Clinical Policy. 5. Initial Approval Criteria I.A.1 was updated from “Diagnosis of recurrent, locally advanced, or metastatic breast cancer” to “Diagnosis of any one of the following (a or b)...”. 6. Initial Approval Criteria I.A.1.b was updated to include “Brain metastases related to breast cancer...”. 7. Initial Approval Criteria I.A.2 was updated to include “Documentation of advanced, unresectable, or metastatic HER2-positive breast cancer...”. 8. Initial Approval Criteria I.A.4 was updated to remove “Documentation of human epidermal growth factor receptor 2 (HER2)-negative disease...”. 9. Initial Approval Criteria I.A.5 was updated to include “Prescribed in combination with trastuzumab and capecitabine...”. 10. Initial Approval Criteria I.A.6 was updated to include “Member has received one or more prior anti-HER2-based regimens...”.	07/02/2021	09/14/2021

11. Continued Therapy Approval Criteria II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance..."
12. Continued Therapy Approval Criteria II.A.3.b was updated to include "Dose is supported by practice guidelines or peer-reviewed..."
13. Appendix A was updated to include abbreviations EBC, ALT, AST, NCCN & TDM1.
14. Therapeutic Alternatives verbiage was rephrased to "Below are suggested therapeutic alternatives based on clinical guidance..".
15. Appendix B: Therapeutic Alternatives was updated to include alternative drug Kadcyła and its dosing regimen and maximum dose.
16. Statement about drug listing format in Appendix B is updated to "Therapeutic alternatives are listed as generic (Brand name®) when the drug is available by both generic and brand, Brand name® when the drug is available by brand only and generic name when the drug is available by generic only".
17. Appednix D was updated to include "Embryo-Fetal Toxicity..." and "Hepatotoxicity..."
18. References were reviewed and updated.