



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

TUCATINIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
TUCATINIB	TUKYSA	46459		GPI-10 (2153408000)	

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of advanced unresectable or metastatic HER2-positive breast cancer and meet **ALL** of the following criteria?
  - The patient is 18 years of age or older
  - The patient has received one or more prior anti-HER2-based regimens (i.e., trastuzumab or trastuzumab with pertuzumab) in the metastatic setting
  - The requested medication will be used in combination with trastuzumab and capecitabine

If yes, **approve for 12 months by GPID or GPI-14 for the requested strength with the following quantity limits:**

- **Tukysa 50mg: #10 per day.**
- **Tukysa 150mg: #4 per day.**

If no, do not approve.

**DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **TUCATINIB (Tukysa)** requires the following rule(s) be met for approval:

- A. You have advanced unresectable (cannot be removed with surgery) or metastatic (disease that has spread to other parts of the body) human epidermal growth factor receptor 2 (HER2: type of protein)-positive breast cancer
- B. You are 18 years of age or older
- C. You have previously received one or more anti-HER2-based treatment for metastatic disease (specifically either trastuzumab or trastuzumab with pertuzumab)
- D. The requested medication will be used in combination with trastuzumab and capecitabine

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Tukysa.

**REFERENCES**

- Tukysa [Prescribing Information]. Bothell, WA: Seattle Genetics, Inc.; April 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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