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Section:	Prescription Drugs	**Effective Date:**	July 1, 2024
Subsection:	Antineoplastic Agents	**Original Policy Date:**	May 15, 2020
Subject:	Tukysa	**Page:**	1 of 5

Last Review Date: June 13, 2024

Tukysa

Description

Tukysa (tucatinib)

Background
Tukysa (tucatinib) is a tyrosine kinase inhibitor of HER2. Tukysa inhibits phosphorylation of HER2 and HER3, resulting in inhibition of downstream MAPK and AKT signaling and cell proliferation and shows anti-tumor activity in HER2 expressing tumor cells. The combination of Tukysa and trastuzumab showed increased anti-tumor activity compared to either drug alone (1).

Regulatory Status
FDA-approved indications: Tukysa is a kinase inhibitor indicated: (1)

- 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.
- In combination with trastuzumab for the treatment of adult patients with RAS wild-type HER2-positive unresectable or metastatic colorectal cancer that has progressed following treatment with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy.

Tukysa can cause severe diarrhea including dehydration, hypotension, acute kidney injury, and death. If diarrhea occurs, antidiarrheal treatment should be administered as clinically indicated. Based on the severity of the diarrhea, Tukysa should be interrupted and then reduced or permanently discontinued (1).

Tukysa can also cause severe hepatotoxicity. ALT, AST, and bilirubin should be monitored prior to starting Tukysa, every 3 weeks during treatment, and as clinically indicated (1).

Tukysa can cause fetal harm when administered to a pregnant woman. Females of reproductive potential should be advised to use effective contraception during treatment with Tukysa and for at least 1 week after the last dose. Male patients with female partners of reproductive potential should be advised to use effective contraception during treatment with Tukysa and for at least 1 week after the last dose (1).

The safety and effectiveness of Tukysa in pediatric patients less than 18 years of age have not been established (1).

Related policies
Enhertu, Herceptin Hylecta, Kadcyla, Margenza, Nerlynx, Perjeta, Phesgo, Trastuzumab, Tykerb

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Tukysa may be considered **medically necessary** if the conditions indicated below are met.

Tukysa may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

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

1. Advanced unresectable or metastatic breast cancer
   a. Patient has previously received one or more anti-HER2-based regimens
   b. Used in combination with trastuzumab and capecitabine
2. Unresectable or metastatic colorectal cancer

a. RAS wild-type, as determined by an FDA-approved test
b. Cancer has progressed following treatment with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy
c. Used in combination with trastuzumab

AND ALL of the following:

1. Human epidermal growth factor receptor 2 (HER2)-positive
2. Prescriber agrees to obtain baseline AST, ALT, and bilirubin and to monitor levels during treatment
3. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Tukysa and for 1 week after the last dose
4. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Tukysa and for 1 week after the last dose

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

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

1. Advanced unresectable or metastatic breast cancer
    a. Used in combination with trastuzumab and capecitabine
2. Unresectable or metastatic colorectal cancer
    a. Used in combination with trastuzumab

AND ALL of the following:

1. **NO** disease progression or unacceptable toxicity
2. Prescriber agrees to monitor AST, ALT, and bilirubin during treatment
3. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Tukysa and for 1 week after the last dose
4. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Tukysa and for 1 week after the last dose

Policy Guidelines

Pre – PA Allowance

None

Prior - Approval Limits

Quantity

Strength	Quantity Limit per 90 days
50 mg	1080 tablets per 90 days **OR**
150 mg	360 tablets per 90 days

Maximum daily limit of any combination: 600mg

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Tukysa (tucatinib) is a tyrosine kinase inhibitor of HER2. Tukysa inhibits phosphorylation of HER2 and HER3, resulting in inhibition of downstream MAPK and AKT signaling and cell proliferation and shows anti-tumor activity in HER2 expressing tumor cells. The combination of Tukysa and trastuzumab showed increased anti-tumor activity compared to either drug alone. The safety and effectiveness of Tukysa in pediatric patients less than 18 years of age have not been established (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Tukysa while maintaining optimal therapeutic outcomes.

References

1. Tukysa [package insert]. Bothell, WA: Seattle Genetics, Inc.; January 2023.
2. NCCN Drugs & Biologics Compendium® Tucatinib 2024. National Comprehensive Cancer Network, Inc. Accessed on April 30, 2024.

Policy History

Date	Action
May 2020	Addition to PA
June 2020	Annual review
September 2020	Annual review
December 2020	Annual review
June 2021	Annual review and reference update
September 2022	Annual review and reference update
February 2023	Per PI update, added indication unresectable or metastatic colorectal cancer
March 2023	Annual review and reference update
June 2023	Annual review and reference update
March 2024	Annual review and reference update
June 2024	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on June 13, 2024 and is effective on July 1, 2024.