

tucatinib (TUKYSA)

Diagnosis Considered for Coverage:

- Breast Cancer – advanced, recurrent, unresectable, or metastatic
- Colorectal cancer – advanced, unresectable, or metastatic

Coverage Criteria:

For BREAST CANCER:

- Disease is advanced, unresectable, or metastatic, **and**
- Breast cancer is human epidermal growth factor receptor 2 (HER2)-positive, **and**
- Being used in combination with trastuzumab and capecitabine, **and**
- Patient has received at least 1 prior anti-HER2-based regimen, **and**
- Dose does not exceed 600 mg per day.

For COLORECTAL CANCER:

- Disease is unresectable, advanced, or metastatic, **and**
- Provider attestation of HER2-positivity/amplified, **and**
- Provider attestation of RAS wild-type (negative for mutation), **and**
- Patient has not received prior treatment with a HER2 inhibitor, **and**
- Being used in combination with trastuzumab, **and**
- Dose does not exceed 600 mg per day.

Coverage Duration: one year

Effective Date: 03/01/2023