

Complete Patient and Physician information (PLEASE PRINT)

STEP
1

Member Name:	Physician Name:
Address:	Address:
Member ID:	Phone #:
Member DOB:	Fax:
	Tax ID or NPI #:

If Applicable: Pharmacy Name: _____
Pharmacy Phone: _____

Complete the Clinical Assessment:

Please attach all relevant medical records and test results.

STEP
2

Diagnosis	<input type="checkbox"/> Locally advanced or metastatic HER2+ Breast Cancer		<input type="checkbox"/> Other (please state): _____ _____
Clinical Consideration	<input type="checkbox"/> Patient refractory to first-line treatment (may include PCH, TCH, anthracycline, taxane, or trastuzumab) <input type="checkbox"/> Tykerb used in combination capecitabine treatment.	<input type="checkbox"/> Patient is postmenopausal with hormone receptor positive cancer for whom hormonal therapy is indicated. <input type="checkbox"/> Tykerb to be used in combination with an aromatase inhibitor	<input type="checkbox"/> Patient and physician have been registered with the TYKERB CARES Program: 1-866-4-TYKERB or www.tykerb.com
Physician Specialty	<input type="checkbox"/> Oncology	<input type="checkbox"/> Other (please state): _____	
Supporting Documentation	Diagnosis: ICD-9/10 Code #/ Description / J Code (required):		
	Please attach a copy of the prescription or provide ALL of the information below: Tykerb [®] (lapatinib)		
	Strength _____ Sig _____ Qty _____ Refills _____		
<p>We will not process incomplete forms. If we do not receive the completed form & all relevant medical records & test results within 10 calendar days of this request, it will be denied.</p>			

STEP
3

I certify that the above is correct and accurate to the best of my knowledge and that the form is complete. (please sign and date)

Prescriber Signature

Date

STEP
4

Fax completed form to the Rocky Mountain Health Plans Pharmacy Help Desk: 970-248-5034

Name of Person filling out form: _____

Pharmacy Technician initials _____ Date Initiated _____

Confidentiality Notice:

This facsimile transmission (and/or documents accompanying it) may contain confidential information. This information is intended only for the use of the individual(s) named above. If you have received this transmission in error, or cannot identify the recipient for distribution purposes, please notify us immediately at 970-244-7760. Plans underwritten by Rocky Mountain HMO or Rocky Mountain HealthCare Options. 01/10/12

RMHP Formulary Coverage Policy

THIS INFORMATION IS NOT ALL-INCLUSIVE AND IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY

Tykerb (lapatinib ditosylate)

CLASSIFICATION

- Antineoplastic, tyrosine kinase inhibitor

DESCRIPTION

- Lapatinib is a dual tyrosine kinase inhibitor against epidermal growth factor receptors (EGFR) HER1 and HER2. HER1 and HER2 are overexpressed in over 20% of breast tumors, and is a key component in regulating tumor cell growth, proliferation, metastasis, and transformation. Lapatinib reversibly binds to the intracellular cytoplasmic site of tyrosine kinase at the ATP-binding site, inhibits receptor phosphorylation and activation of HER1 and HER2 homodimers and heterodimers, thereby blocking the downstream signaling pathway involved in cell proliferation, survival and invasion
- In vitro studies suggest that lapatinib is not cross-resistant with trastuzumab, as lapatinib retained activity in trastuzumab-conditioned cell lines
- Lapatinib is an option as combination therapy with capecitabine for the treatment of patients with human epidermal receptor-2 (HER2)-overexpressing advanced or metastatic breast cancer who have progressed after receiving prior therapies including an anthracycline, a taxane, and trastuzumab. Its clinical efficacy has been demonstrated in combination with capecitabine in a phase III, open-label, randomized trial, resulting in statistically significant improvements in the overall response and prolongation of the median time to disease progression compared to capecitabine alone
- Lapatinib in combination with letrozole is approved for the treatment of postmenopausal women with hormone receptor positive, human epidermal receptor-2 (HER2)-overexpressing metastatic breast cancer for whom hormonal therapy is indicated. Safety and efficacy were demonstrated in a double-blind, placebo-controlled, multicenter study, in which progression-free survival and overall response rate improved with lapatinib plus letrozole compared with letrozole plus placebo
- As a dual inhibitor of both ErbB-1 and ErbB-2, lapatinib offers a theoretical advantage over monoclonal antibodies that target extracellular HER2 only (e.g. trastuzumab) by recognizing truncated forms of HER1 and HER2 that lack an extracellular domain.
- The benefits of lapatinib in the treatment of brain metastasis are being studied due to the small molecular size which makes lapatinib more penetrable through the blood-brain barrier than larger molecules, such as trastuzumab, allowing lapatinib to reach adequate pharmacologic concentrations.
- Black box warning for hepatotoxicity which may be severe.
- A special patient support program is offered by the manufacturer called, “Tykerb CARES”. This offers a value added benefit to patients through specialty pharmacy services, possible co-pay reduction, and telephone support.

FORMULARY COVERAGE

Prior authorization: Required

Good Health Formulary: T3

Commercial Formulary: T3

Medicare Part D coverage: T5

COVERAGE CRITERIA

Tykerb® (lapatinib ditosylate) meets the definition of **medical necessity** for the following:

- Breast cancer, Advanced or metastatic, HER2 overexpression, in combination with capecitabine after prior therapies (i.e. An anthracycline, taxane, and trastuzumab); In phase III clinical trial, capecitabine was given on a 14 day treatment cycles and Tykerb was given on a 21 day treatment cycle
- Breast cancer, Postmenopausal women, HER2 overexpression, in combination with letrozole

Tykerb® (lapatinib ditosylate) is considered **experimental** for the following:

- Any condition or diagnosis not FDA approved or Compendia supported

Required Provider Specialty:

- Approval is limited to Oncology

DOSAGE/ADMINISTRATION:

Adult Dosing (safety and efficacy in pediatric patients has not been established):

- See full prescribing information for dosage with concomitant strong CYP3A4 inhibitors or inducers.
- Breast cancer, Advanced or metastatic, HER2 overexpression, in combination with capecitabine after prior therapies: 1250 mg ORALLY once daily continuously (days 1 through 21) in combination with capecitabine 2000 mg/m²/day ORALLY (divided into 2 doses every 12 hours) on days 1 through 14 in a repeating 21 day cycle until treatment progression or unacceptable toxicity.
- Breast cancer, Postmenopausal women, HER2 overexpression, in combination with letrozole: 1500 mg ORALLY once daily continuously in combination with letrozole 2.5 mg ORALLY once daily.

Dosing adjustments:

- Interstitial lung disease/pneumonitis, grade 3 or higher: discontinue
- Severe hepatic impairment (Child-Pugh Class C): consider dose reduction to 750 mg ORALLY once daily (human epidermal receptor-2 (HER2) positive metastatic breast cancer) or 1000 mg ORALLY once daily (hormone receptor positive, HER2 positive breast cancer)
- Decreased left ventricular ejection fraction (LVEF; grade 2 or higher OR below the lower limit of normal): discontinue for at least 2 weeks and until LVEF returns to normal and the patient is asymptomatic, may restart at a reduced dose of 1000 mg ORALLY once daily in combination with capecitabine, or 1250 mg ORALLY once daily in combination with letrozole
- Any grade 2 or higher toxicity: consider stopping lapatinib until the toxicity improves to grade 1 or less and restart at 1250 mg/day; if the toxicity recurs after restarting, stop lapatinib again until the toxicity improves to grade 1 or less and then restart at a reduced dose of 1000 mg ORALLY once daily in combination with capecitabine or 1250 mg ORALLY once daily in combination with letrozole
- Diarrhea, severe: discontinue/interrupt lapatinib for severe diarrhea; oral/IV electrolytes and fluids may be required
- Concomitant strong CYP3A4 inhibitors and grapefruit juice: avoid if possible; if use is necessary, reduce lapatinib dose to 500 mg ORALLY once daily; after discontinuation of a strong CYP3A4 inhibitor, a 1-week washout period is necessary before increasing the dose of lapatinib to the normal dose

- Concomitant strong CYP3A4 inducers: avoid if possible; if use is necessary, gradually titrate the dose of lapatinib from 1250 mg daily up to 4500 mg/day, as tolerated (human epidermal receptor-2 (HER2) positive metastatic breast cancer), or 1500 mg daily up to 5500 mg/day, as tolerated (hormone receptor positive, HER2 positive breast cancer); after discontinuation of a strong CYP3A4 inducer, reduce the dose of lapatinib to the normal dose

PRECAUTIONS:

- **Black Box Warning:** Hepatotoxicity, severe and potentially fatal, has been reported; liver function test monitoring recommended
- Concomitant use with grapefruit or strong CYP3A4 inhibitors (e.g. ketoconazole, itraconazole, clarithromycin, atazanavir, indinavir, nefazodone, nelfinavir, ritonavir, saquinavir, telithromycin, voriconazole) or inducers (e.g. dexamethasone, phenytoin, carbamazepine, rifampin, rifabutin, rifapentin, phenobarbital, St John's wort) should be avoided; dose adjustments recommended if concomitant use is clinically warranted
- Hepatic impairment, severe (Child-Pugh Class C); dose adjustment recommended if pre-existing; discontinue if severe hepatotoxicity develops during therapy and do not retreat
- Interstitial lung disease has been reported; discontinue if symptoms greater than or equal to grade 3 develop during therapy
- Left ventricular ejection fraction (LVEF); decrease in LVEF may occur; monitoring at baseline and during therapy recommended
- Pneumonitis has been reported; discontinue if symptoms greater than or equal to grade 3 develop during therapy
- QT prolongation or predisposing factors for QT prolongation (hypokalemia, hypomagnesemia, congenital long QT syndrome, concomitant agents known to prolong the QT interval, or cumulative high-dose anthracycline therapy)

Billing/Coding information

HCPCS Code:

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Associated CPT Coding:

J8999	Prescription drug, oral chemotherapeutic, not otherwise specified

Associated ICD-9 Coding:

174.0 – 174.8	Malignant neoplasm of female breast
V86.0, V86.1	Additional code to identify estrogen receptor status

COST

- AWP (April 2010): Tykerb 250mg tablet (1): \$28.40
- AWP (January 2012): Tykerb 250mg tablet (1): \$30.10

COMMITTEE APPROVAL:

- June 2007

GUIDELINE UPDATE INFORMATION:

June 2007	Policy created
January 2010	New FDA approved indication for hormone positive and HER2-positive advanced breast cancer
September 2011	Coverage policy updated

REFERENCES:

- DRUGDEX®, accessed 09/19/2011, 1/4/12
- Product Information: TYKERB® oral tablets, lapatinib oral tablets. GlaxoSmithKline, Research Triangle Park, NC, 2010.