I. Medication Description

Tarceva is an oral chemotherapy drug that inhibits epidermal growth factor receptor (EGFR)-tyrosine kinase, an enzyme that regulates the proliferation and survival of cancer cells. EGFR is found on the cell surface of healthy cells and cancer cells. EGFR is expressed, overexpressed, or dysregulated in many cancers including breast, ovarian, non-small cell lung cancer, mesothelioma, colorectal, and head and neck cancers.

II. Position Statement

Coverage is determined through a prior authorization process with supporting clinical documentation for every request.

III. Policy

Coverage of Tarceva is available when the following criteria have been met:

- Member is at least 18 years of age AND
- The medication is prescribed by a hematologist/oncologist AND
- The requested use is supported by the National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines (NCCN Guidelines®) and/or NCCN Drugs & Biologics Compendium (NCCN Compendium®) with a recommendation of category level 1 or 2A.

IV. Quantity Limitations

25mg, 100mg, and 150mg tablets are covered at up to 30 tablets per month

V. Coverage Duration

Coverage is provided for 6 months and can be renewed.

VI. Coverage Renewal Criteria

Coverage can be renewed in 6 month intervals based upon the following criteria:

- Tumor response with stabilization of disease or decrease in size of tumor or tumor spread AND
- Absence of unacceptable toxicity from the drug
VII. Billing/Coding Information

Available as 25mg, 100mg, and 150mg oral tablets

VIII. Summary of Policy Changes

- 9/1/11: Added the indication of treatment of chordoma (soft tissue sarcoma)
- 9/15/12: Added indication of switch-maintenance treatment for NSCLC following first-line chemotherapy based on updated NCCN Compendium for erlotinib.
- 9/15/13: Clarified indications in policy section to reflect current NCCN guidelines; added related guidelines; added 192.2 as ICD-9 code for chordoma
- 9/15/14: Clarified indications to reflect current NCCN guidelines – addition of renal cell carcinoma; removed combination use with cetuximab from chordoma indication to reflect current NCCN uses; ICD10 coding added.
- 12/16/14: NSCLC criteria updated to reflect current NCCN guidelines
- 7/1/15: formulary distinctions made
- 12/15/15: quantity limits updated; NSCLC and Bone Cancer coverage criteria updated to reflect current NCCN treatment guidelines
- 9/15/16: policy updated to correspond with current NCCN treatment guidelines
- 10/16/17: coverage criteria updated to allow use as supported by current NCCN guidelines
- 11/1/18: no policy changes

IX. References


The Plan fully expects that only appropriate and medically necessary services will be rendered. The Plan reserves the right to conduct pre-payment and post-payment reviews to assess the medical appropriateness of the above-referenced therapies.

The preceding policy applies only to members for whom the above named pharmacy benefit medications are included on their covered formulary. Members with closed formulary benefits are subject to trying all appropriate formulary alternatives before a coverage exception for a non-formulary medication will be considered.

The preceding policy is a guideline to allow for coverage of the pertinent medication/product, and is not meant to serve as a clinical practice guideline.