

# Tarceva (erlotinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Tarceva (erlotinib)	May be subject to quantity limit

## **APPROVAL CRITERIA**

Requests for Tarceva (erlotinib) may be approved if the following criteria are met:

- I. Individual has a diagnosis of recurrent, advanced, or metastatic Non-Small Cell Lung Cancer (NSCLC) with EGFR exon 19 deletions or exon 21 (L858R) substitution mutations, with test results confirmed;

### **OR**

- II. Individual has a diagnosis of either locally advanced, unresectable, or metastatic Pancreatic cancer; **AND**
- III. Individual is using in combination with gemcitabine;

### **OR**

- IV. Individual has a diagnosis of Bone cancer  
recurrent chordoma (NCCN 2A);

### **OR**

- V. Individual has a diagnosis of relapsed or surgically unresectable stage IV Kidney cancer (NCCN 2A);

### **OR**

- VI. Individual has a diagnosis of metastatic NSCLC with recurrent or asymptomatic brain metastases (NCCN 2A); **AND**
- VII. Primary NSCLC has an EGFR-sensitizing mutation.

Requests for Tarceva (erlotinib) may not be approved for the following:

- I. In combination with agents other than ramucirumab for NSCLC.

**Key References:**

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2021. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: March 28, 2021.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2021; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2021 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on March 28, 2021.
  - a. Kidney Cancer. V3.2021. Revised March 23, 2021.
  - b. Bone Cancer. V1.2021. Revised November 20, 2020.
  - c. Non-Small Cell Lung Cancer. V4.2021. Revised March 3, 2021.
  - d. Central Nervous System Cancers. V4.2020. Revised March 22, 2021.
  - e. Pancreatic Adenocarcinoma. V2.2021. Revised February 25, 2021.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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