

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

## 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 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.

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

**Key References:**

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. 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 27, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on March 27, 2020.
  - a. Kidney Cancer. V2.2020. Revised August 5, 2019.
  - b. Bone Cancer. V1.2020. Revised August 12, 2019.
  - c. Non-Small Cell Lung Cancer. V3.2020. Revised February 11, 2020.
  - d. Central Nervous System Cancers. V1.2020. Revised March 10, 2020.
  - e. Pancreatic Adenocarcinoma. V1.2020. Revised November 26, 2019.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.