Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

TYKERB (lapatinib)

GPI CODING:

21534050100320

DESCRIPTION:

Tykerb is an oral tyrosine kinase inhibitor that is indicated for the treatment of breast cancer in patients whose tumors overexpress the HER2 protein.

APPROVAL DURATION:

Approval duration: 1 year

CRITERIA FOR TYKERB

I. Treatment of advanced or metastatic breast cancer, in combination with capecitabine, in patients whose tumors overexpress HER2 and who have received prior therapy including an anthracycline, a taxane, and trastuzumab **OR**

II. Off label uses for oncology drugs if considered medically acceptable in one or more of the following compendia (i.e., Micromedex DrugDex, AHFS, Clinical Pharmacology, and NCCN.) A use is identified by a compendium as medically accepted if the:
   A. Indication is a Category 1 or 2A in NCCN,
   B. Indication is a Class I, Class IIa or Class IIb in DrugDex,
   C. Narrative text in AHFS or Clinical Pharmacology is supportive; or
   D. The use is supported by clinical research in 2 or more peer-reviewed medical journals