Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

TARCEVA (erlotinib)

GPI CODING:

215340250003**

DESCRIPTION:

Tarceva is an oral selective epidermal growth factor receptor-tyrosine kinase inhibitor. Tarceva is indicated for the treatment of non-small cell lung cancer and pancreatic cancer.

APPROVAL DURATION:

Approval duration: 1 year

CRITERIA FOR TARCEVA

I. Member has a diagnosis of locally advanced or metastatic non-small cell lung cancer (NSCLC)
   A. Patient has a known epidermal growth factor receptor (EGFR) mutation or EGFR gene amplification **OR**
   B. Tarceva is prescribed for maintenance treatment in patients whose disease has not progressed after four cycles of platinum-based chemotherapy **OR**
   C. Tarceva is prescribed for treatment of NSCLC after failure of at least one prior chemotherapy regimen.

OR

II. Member has a diagnosis of locally advanced, unresectable, or metastatic pancreatic cancer
   A. First-line treatment in combination with gemcitabine

OR

III. 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