Seagen Secure®
Patient Assistance Program

855-4SECURE (855-473-2873)
Monday-Friday, 8 AM-8 PM ET

TUKYSA® (tucatinib) 50 mg and 150 mg tablets
Appeals Request Guide

Preparing a Prior Authorization Appeals Letter

The following information is presented for informational purposes only and is not intended to provide reimbursement or legal advice. Laws, regulations, and policies concerning reimbursement are complex and are updated frequently. Use of this guide does not guarantee coverage or reimbursement. While we have made an effort to be current as of the issue date of this document, the information may not be as current or comprehensive when you view it. Providers are encouraged to contact third-party payers for specific information on their prior authorization policies. For more information, call Seagen Secure at 855-4-SECURE (855-473-2873).

If the patient's initial claim or Prior Authorization Request Letter is denied by the patient's health plan, the payer may require a Prior Authorization Appeals Letter. Depending on the plan, there may be varying levels of appeals.

Follow the patient's plan requirements when requesting TUKYSA® (tucatinib) tablets; otherwise treatment may be delayed.

A **Prior Authorization Appeals Letter** originates from the prescribing Healthcare Provider (HCP).* It should be submitted with 2 additional items—the patient's medical records and a Letter of Medical Necessity (LMN).

Prior Authorization: Appeal Considerations

- ✔ Include the patient's full name, plan identification number, and date of birth
- ✔ Add the prescribing HCP's National Provider Identifier (NPI) number and specialty
- ✔ Disclose that you are familiar with the plan's policy. Clearly document the basis for the plan's denial within the letter, along with the case identification number from the initial denial letter
- ✔ Provide a copy of the patient's records with the following details:
  - The patient's history, diagnosis and International Classification of Diseases (ICD) code(s), and present-day condition and symptoms
  - Indicate the severity of the patient's condition, if applicable
- ✔ Document prior treatments and the duration of each
  - Describe the rationale for why each treatment was discontinued
- ✔ Provide the clinical rationale for treatment; this information may be found in the TUKYSA Prescribing Information and/or clinical peer-reviewed literature
- ✔ Summarize your recommendation at the end of the letter
- ✔ Include a LMN

*For Medicare beneficiaries, specific requirements must be met for the HCP to be considered a legal representative of the patient in an appeal. For additional information, please visit https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Downloads/Parts-C-and-D-Enrollee-Grievances-Organization-Coverage-Determinations-and-Appeals-Guidance.pdf.

Please see Indications and Important Safety Information on pages 3-4.
Click here for full Prescribing Information.

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Sample Appeal Letter

If the Prior Authorization Request Letter is denied by the patient's health plan, a HCP may elect to submit an appeal letter.*

[Date]
[Prior authorization department]
[Name of health plan]
[Mailing address]

Re: [Patient's name]
[Plan identification number]
[Date of birth]

To whom it may concern:

I have reviewed and recognized your guidelines for the responsible management of medications within this class. I am requesting that you reassess your recent denial of TUKYSA® (tucatinib) prior authorization for [patient name]. I understand that the reason for your denial is [copy reason verbatim from the plan's denial letter]. However, I believe that TUKYSA [dose, frequency] is the appropriate treatment for this patient. In support of my recommendation for TUKYSA treatment, I have provided an overview of the patient's relevant clinical history below.

Additional language from page 3 of this document can be placed after this paragraph to support the following scenarios:

- Current user of TUKYSA
- Previous therapy requirement
- Multiple levels of appeal

Indicate the patient's diagnosis:

RAS wild-type, HER2+ colorectal cancer
☐ Unresectable
☐ Metastatic

HER2+ breast cancer
☐ Locally advanced, unresectable
☐ Metastatic

Hormone receptor (HR) status (for MBC, if known)
☐ Positive
☐ Negative

Brain malignancy (for MBC only)
☐ Yes
☐ No

Indicate prior therapies (for MBC, list prior anti-HER2-based regimens in the metastatic setting): _____

Indicate how TUKYSA will be used:

In combination with trastuzumab for the treatment of adult patients with *RAS* wild-type, HER2-positive, unresectable or metastatic colorectal cancer that has progressed following treatment with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy
☐ Yes ☐ No

In combination with trastuzumab and capecitabine for adult patients with advanced unresectable or metastatic HER2-positive breast cancer, including patients with brain metastases, who have received one or more prior anti-HER2-based regimens in the metastatic setting
☐ Yes ☐ No

Other pertinent information (please specify): _____

[Insert rationale for prescribing TUKYSA here, including your professional opinion of the patient's likely prognosis without TUKYSA treatment.]

Provide supporting references for your recommendation:

[Provide clinical rationale for treatment; this information may be found in the TUKYSA Prescribing Information and/or clinical peer-reviewed literature.]

Please feel free to contact me, [HCP name], at [office phone number] or [patient's name] at [phone number] for any additional information you may require. I look forward to receiving your timely response and approval of this claim.

Sincerely,

_____

[Physician's name and signature]
[Physician's medical specialty]
[Physician's NPI]
[Physician's practice name]
[Phone #]
[Fax #]

Encl: Medical records, supporting documentation and clinical references if applicable.

*Some plans may require a LMN to accompany the appeal letter.

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Additional language to support a variety of scenarios can be added to the appeal letter

Current User of TUKYSA

If this Appeal Letter is for a patient who is currently taking TUKYSA, which may be due to a change in payer coverage, sample copy may include the following:

[Describe the diagnosis and symptoms of metastatic breast cancer/metastatic colorectal cancer at the time when the patient was first prescribed TUKYSA. In addition, include a summary of the patient's clinical response to TUKYSA. It may be necessary to review past medical records to gather this information.]

Previous Therapy Requirement

If this Appeal Letter is intended to appeal a plan's requirement that a patient receive a certain number of lines of therapy, sample copy may include the following:

[Please provide statement(s) indicating why this requirement is inappropriate for this patient. Include documentation of previous courses of therapy and the patient's clinical response or intolerance to those treatments.]

Multiple Levels of Appeal

If this is the second or later appeal, sample copy may include the following:

[This is my **(add level of request)** prior authorization appeal. A copy of the most recent denial letter is attached for reference. The patient's medical records are also included in response to the denial.]

Indication

TUKYSA is a kinase inhibitor indicated:

- in combination with trastuzumab and capecitabine for treatment of adult patients with advanced unresectable or metastatic HER2-positive breast cancer, including patients with brain metastases, who have received one or more prior anti-HER2-based regimens in the metastatic setting.
- in combination with trastuzumab for the treatment of adult patients with *RAS* wild-type, HER2-positive unresectable or metastatic colorectal cancer that has progressed following treatment with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy.

  This indication is approved under accelerated approval based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

Important Safety Information

Warnings and Precautions

- **Diarrhea:** TUKYSA can cause severe diarrhea including dehydration, hypotension, acute kidney injury, and death. If diarrhea occurs, administer antidiarrheal treatment as clinically indicated. Perform diagnostic tests as clinically indicated to exclude other causes of diarrhea. Based on the severity of the diarrhea, interrupt dose, then dose reduce or permanently discontinue TUKYSA.

  In HER2CLIMB, when TUKYSA was given in combination with trastuzumab and capecitabine, 81% of patients who received TUKYSA experienced diarrhea, including 0.5% with Grade 4 and 12% with Grade 3. Both patients who developed Grade 4 diarrhea subsequently died, with diarrhea as a contributor to death. Median time to onset of the first episode of diarrhea was 12 days and the median time to resolution was 8 days. Diarrhea led to TUKYSA dose reductions in 6% of patients and TUKYSA discontinuation in 1% of patients. Prophylactic use of antidiarrheal treatment was not required on HER2CLIMB.

  In MOUNTAINEER, when TUKYSA was given in combination with trastuzumab, diarrhea occurred in 64% of patients, including Grade 3 (3.5%), Grade 2 (10%), and Grade 1 (50%).
- **Hepatotoxicity:** TUKYSA can cause severe hepatotoxicity. Monitor ALT, AST, and bilirubin prior to starting TUKYSA, every 3 weeks during treatment, and as clinically indicated. Based on the severity of hepatotoxicity, interrupt dose, then dose reduce or permanently discontinue TUKYSA.

  In HER2CLIMB, 8% of patients who received TUKYSA had an ALT increase >5 × ULN, 6% had an AST increase >5 × ULN, and 1.5% had a bilirubin increase >3 × ULN (Grade ≥3). Hepatotoxicity led to TUKYSA dose reductions in 8% of patients and TUKYSA discontinuation in 1.5% of patients.

  In MOUNTAINEER, 6% of patients had a bilirubin increase > 3 × ULN (Grade ≥3), 6% had an AST increase > 5 × ULN, and 4.7% had an ALT increase > 5 × ULN. Hepatotoxicity led to dose reduction of TUKYSA in 3.5% of patients and discontinuation of TUKYSA in 2.3% of patients.
- **Embryo-Fetal Toxicity:** TUKYSA can cause fetal harm. Advise pregnant women and females of reproductive potential of the potential risk to a fetus. Advise females of reproductive potential, and male patients with female partners of reproductive potential, to use effective contraception during TUKYSA treatment and for 1 week after the last dose.

Please see additional Important Safety Information on page 4.
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Important Safety Information (cont'd)

Adverse Reactions

In HER2CLIMB, serious adverse reactions occurred in 26% of patients; the most common (in ≥2% of patients) were diarrhea (4%), vomiting (2.5%), nausea (2%), abdominal pain (2%), and seizure (2%). Fatal adverse reactions occurred in 2% of patients who received TUKYSA including sudden death, sepsis, dehydration, and cardiogenic shock. Adverse reactions led to treatment discontinuation in 6% of patients who received TUKYSA; the most common (in ≥1% of patients) were hepatotoxicity (1.5%) and diarrhea (1%). Adverse reactions led to dose reduction in 21% of patients who received TUKYSA; the most common (in ≥2% of patients) were hepatotoxicity (8%) and diarrhea (6%). The most common adverse reactions in patients who received TUKYSA (≥20%) were diarrhea, palmar-plantar erythrodysesthesia, nausea, hepatotoxicity, vomiting, stomatitis, decreased appetite, anemia, and rash.

In MOUNTAINEER, serious adverse reactions occurred in 22% of patients; the most common (in ≥2% of patients) were intestinal obstruction (7%), urinary tract infection (3.5%), pneumonia, abdominal pain, and rectal perforation (2.3% each). Adverse reactions leading to permanent discontinuation of TUKYSA occurred in 6% of patients; the most common (in ≥2% of patients) was increased ALT (2.3%). Adverse reactions leading to dosage interruption occurred in 23% of patients; the most common (in ≥3% of patients) were increased ALT and diarrhea (3.5% each). Adverse reactions leading to dose reduction occurred in 9% of patients; the most common (in ≥2% of patients) were increased ALT and diarrhea (2.3% each). The most common adverse reactions (≥20%) in patients treated with TUKYSA and trastuzumab were diarrhea, fatigue, rash, nausea, abdominal pain, infusion-related reactions, and pyrexia. Other adverse reactions (<10%) include epistaxis (7%), weight decreased (7%), oropharyngeal pain (5%), oral dysesthesia (1%), and stomatitis (1%).

Lab Abnormalities

In HER2CLIMB, Grade ≥3 laboratory abnormalities reported in ≥5% of patients who received TUKYSA were decreased phosphate, increased ALT, decreased potassium, and increased AST. The mean increase in serum creatinine was 32% within the first 21 days of treatment with TUKYSA. The serum creatinine increases persisted throughout treatment and were reversible upon treatment completion. Consider alternative markers of renal function if persistent elevations in serum creatinine are observed.

In MOUNTAINEER, Grade ≥3 laboratory abnormalities reported in ≥5% of patients who received TUKYSA were decreased lymphocytes, decreased sodium, increased AST, and increased bilirubin. The mean increase in serum creatinine was 32% within the first 21 days of treatment with TUKYSA. The serum creatinine increases persisted throughout treatment and were reversible in 87% of patients with values outside normal lab limits upon treatment completion. Consider alternative markers of renal function if persistent elevations in serum creatinine are observed.

Drug Interactions

- **Strong CYP3A/Moderate CYP2C8 Inducers:** Concomitant use may decrease TUKYSA activity. Avoid concomitant use of TUKYSA.
- **Strong or Moderate CYP2C8 Inhibitors:** Concomitant use of TUKYSA with a strong CYP2C8 inhibitor may increase the risk of TUKYSA toxicity; avoid concomitant use. Increase monitoring for TUKYSA toxicity with moderate CYP2C8 inhibitors.
- **CYP3A Substrates:** Concomitant use may increase the toxicity associated with a CYP3A substrate. Avoid concomitant use of TUKYSA with a CYP3A substrate, where minimal concentration changes may lead to serious or life-threatening toxicities. If concomitant use is unavoidable, decrease the CYP3A substrate dosage.
- **P-gp Substrates:** Concomitant use may increase the toxicity associated with a P-gp substrate. Consider reducing the dosage of P-gp substrates, where minimal concentration changes may lead to serious or life-threatening toxicities.

Use in Specific Populations

- **Lactation:** Advise women not to breastfeed while taking TUKYSA and for 1 week after the last dose.
- **Renal Impairment:** Use of TUKYSA in combination with capecitabine and trastuzumab is not recommended in patients with severe renal impairment (CLcr < 30 mL/min), because capecitabine is contraindicated in patients with severe renal impairment.
- **Hepatic Impairment:** Reduce the dose of TUKYSA for patients with severe (Child-Pugh C) hepatic impairment.

REF-8272_FINAL_01/23

Click here for full Prescribing Information.

Reference: TUKYSA [Prescribing Information]. Bothell, WA: Seagen Inc. January 2023.

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