

# Sample Metastatic Breast Cancer Diagnosis Codes

## Diagnosis: ICD-10-CM

### Digits 1-4: Diagnosis Code<sup>1</sup>

	Code Description
<b>C50.0</b>	Malignant neoplasm of nipple and areola
<b>C50.1</b>	Malignant neoplasm of central portion of breast
<b>C50.2</b>	Malignant neoplasm of upper-inner quadrant of breast
<b>C50.3</b>	Malignant neoplasm of lower-inner quadrant of breast
<b>C50.4</b>	Malignant neoplasm of upper-outer quadrant of breast
<b>C50.5</b>	Malignant neoplasm of lower-outer quadrant of breast
<b>C50.6</b>	Malignant neoplasm of axillary tail of breast
<b>C50.8</b>	Malignant neoplasm of overlapping sites of breast
<b>C50.9</b>	Malignant neoplasm of breast of unspecified site

### Digit 5: Sex<sup>1</sup>

Subcodes for Breast Cancer	
<b>1</b>	Female
<b>2</b>	Male

### Digit 6: Breast<sup>1</sup>

(Always bill to the 6th digit)

Subcodes for Breast Cancer	
<b>1</b>	Right breast
<b>2</b>	Left breast
<b>9</b>	Unspecified breast

## NDC Codes<sup>2</sup>

### TUKYSA<sup>®</sup> (tucatinib) tablets

Dosage	NDC Code
<b>150-mg tablets/60 count</b>	51144-002-60
<b>150-mg tablets/120 count</b>	51144-002-12
<b>50-mg tablets/60 count</b>	51144-001-60

**Note:** Payer requirements regarding use of a 10-digit or 11-digit NDC may vary.

Call or visit [SeagenSecure.com](https://www.seagensecure.com)  
for resources and information  
about Benefit and  
Reimbursement Assistance

This document is provided by Seagen as general guidance only. Coverage, coding, and payment may vary by payer, plan, and treatment setting. It is the sole responsibility of the provider to ensure accuracy of coding and documentation on claim forms.

ICD-10-CM = International Classification of Diseases, Tenth Revision, Clinical Modification; NDC = National Drug Code.

**Please see Indication and Important Safety Information on pages 2-3.  
Click [here](#) for full Prescribing Information.**

## Indication

TUKYSA is 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.

## Important Safety Information

### Warnings and Precautions

- **Diarrhea:** TUKYSA can cause severe diarrhea including dehydration, hypotension, acute kidney injury, and death. In HER2CLIMB, 81% of patients who received TUKYSA experienced diarrhea, including 12% with Grade 3 and 0.5% with Grade 4. 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.

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.

- **Hepatotoxicity:** TUKYSA can cause severe hepatotoxicity. In HER2CLIMB, 8% of patients who received TUKYSA had an ALT increase  $>5 \times$  ULN, 6% had an AST increase  $>5 \times$  ULN, and 1.5% had a bilirubin increase  $>3 \times$  ULN (Grade  $\geq 3$ ). Hepatotoxicity led to TUKYSA dose reductions in 8% of patients and TUKYSA discontinuation in 1.5% of patients.

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.

- **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 at least 1 week after the last dose.

### Adverse Reactions

Serious adverse reactions occurred in 26% of patients who received TUKYSA; those occurring in  $\geq 2\%$  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; those occurring in  $\geq 1\%$  of patients were hepatotoxicity (1.5%) and diarrhea (1%). Adverse reactions led to dose reduction in 21% of patients who received TUKYSA; those occurring in  $\geq 2\%$  of patients were hepatotoxicity (8%) and diarrhea (6%).

The most common adverse reactions in patients who received TUKYSA ( $\geq 20\%$ ) were diarrhea, palmar-plantar erythrodysesthesia, nausea, fatigue, hepatotoxicity, vomiting, stomatitis, decreased appetite, abdominal pain, headache, anemia, and rash.

**Please see additional Important Safety Information on page 3.**  
**Click [here](#) for full Prescribing Information.**

## Important Safety Information (cont'd)

### Lab Abnormalities

In HER2CLIMB, Grade  $\geq 3$  laboratory abnormalities reported in  $\geq 5\%$  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.

### 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 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 toxicity.

### Use in Specific Populations

- **Lactation:** Advise women not to breastfeed while taking TUKYSA and for at least 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 ( $CL_{Cr} < 30$  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.

Click [here](#) for full Prescribing Information.

**References:** **1.** CMS.gov. ICD-10-CM tabular list of diseases and injuries. Centers for Medicare and Medicaid Services; 2019. <https://www.cms.gov/files/zip/2021-code-tables-tabular-and-index-updated-12162020.zip>. File name: icd10cm\_tabular\_2021.pdf. Accessed September 9, 2021. **2.** TUKYSA [package insert]. Bothell, WA: Seagen Inc. April 2020.

