Pertuzumab, trastuzumab, and hyaluronidase-zzxf (Phesgo™)

<u>Place of Service</u> Office Administration Infusion Center Administration Home Infusion Administration Outpatient Facility Administration

HCPCS: J9316 per 10 mg

Condition(s) listed in policy (see criteria for details)

• Breast cancer (HER2-positive)

AHFS therapeutic class: Antineoplastic Agent

Mechanism of action: combination of pertuzumab and trastuzumab, HER2/neu receptor antagonists, and hyaluronidase, an endoglycosidase

(1) Special Instructions and Pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review.

(2) Prior Authorization/Medical Review is required for the following condition(s) All requests for Phesgo[™] (pertuzumab, trastuzumab, and hyaluronidase-zzxf) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Breast cancer (HER2-positive)

- 1. HER2-positivity, AND
- 2. One of the following:
 - a. Being used for neoadjuvant or adjuvant therapy, OR
 - b. For recurrent unresectable or metastatic disease, and meets one of the following:
 - i. For first-line treatment and Patient has not received prior anti-HER2 therapy (e.g.; trastuzumab, pertuzumab, or lapatinib) or chemotherapy for metastatic disease, and will be using Phesgo in combination with docetaxel or paclitaxel, OR
 - ii. For subsequent treatment and Patient has received trastuzumab but not Perjeta, and will be using Phesgo with or without chemotherapy

Covered Doses

Up to 1,200 mg pertuzumab, 600 mg trastuzumab, and 30,000 units hyaluronidase SC on Day 1, followed every 3 weeks by a dose of up to 600 mg pertuzumab, 600 mg trastuzumab, and 20,000 units hyaluronidase SC

Coverage Period

<u>Neoadjuvant/adjuvant</u>: Cover maximum of 18 doses (1 year)

Recurrent or metastatic: Cover indefinitely

ICD-10:

C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929

(3) The following condition(s) <u>DO NOT</u> require Prior Authorization/Preservice All requests for Phesgo[™] (pertuzumab, trastuzumab, and hyaluronidase-zzxf) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

<u>Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety</u> <u>Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed</u> <u>indication.</u>

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

- 1,200 mg pertuzumab, 600 mg trastuzumab, and 30,000 units hyaluronidase/15 mL (80 mg, 40 mg, and 2,000 units/mL) of solution in a single-dose vial.
- 600 mg pertuzumab, 600 mg trastuzumab, and 20,000 units hyaluronidase/10 mL (60 mg, 60 mg, and 2,000 units/mL) of solution in a single-dose vial.

(6) References

- AHFS[®]. Available by subscription at <u>http://www.lexi.com</u>
- DrugDex[®]. Available by subscription at <u>http://www.micromedexsolutions.com/home/dispatch</u>
- National Comprehensive Cancer Network. Breast Cancer (Version 4.2023). Available at http://www.nccn.org.
- Phesgo[™] (pertuzumab, trastuzumab, hyaluronidase-zzxf) [Prescribing information]. South San Francisco, CA: Genentech Inc/ Roche Group; 6/2020.

(7) Policy Update

Date of last review: 3Q2023 Date of next review: 3Q2024 Changes from previous policy version:

• No clinical change to policy following routine annual review.

BSC Drug Coverage Criteria to Determine Medical Necessity Reviewed by P&T Committee