

PRIOR AUTHORIZATION POLICY

POLICY: Oncology (Injectable) – Perjeta Prior Authorization Policy

- Perjeta® (pertuzumab intravenous infusion –Genentech)

REVIEW DATE: 08/07/2024

OVERVIEW

Perjeta, a human epidermal growth factor receptor 2 (HER2) antagonist, is indicated for the treatment of **HER2-positive breast cancer** for the following uses:¹

- **Adjuvant treatment**, of patients with early disease at high risk of recurrence, in combination with trastuzumab and chemotherapy.
- **Metastatic disease**, in combination with trastuzumab and docetaxel in patients who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease.
- **Neoadjuvant treatment**, of patients with locally advanced, inflammatory, or early stage disease (either greater than 2 cm in diameter or node positive) as part of a complete treatment regimen for early breast cancer, in combination with trastuzumab and chemotherapy.

Guidelines

Perjeta is discussed in the guidelines from the National Comprehensive Cancer Network (NCCN):

- **Breast Cancer:** NCCN guidelines (version 4.2024 – July 3, 2024) recommend Perjeta in the preoperative/adjuvant and metastatic setting.^{2,3} For preoperative (neoadjuvant)/adjuvant therapy in HER2-positive disease, docetaxel + carboplatin + trastuzumab + Perjeta is a “Preferred Regimen” (category 1); doxorubicin + cyclophosphamide followed by paclitaxel + trastuzumab and Perjeta is recommended as “Useful in Certain Circumstances” (category 2A). Under “Other Recommended Regimens”, doxorubicin + cyclophosphamide followed by docetaxel + trastuzumab + Perjeta is also listed (category 2A). In the neoadjuvant/adjuvant setting, the chemotherapy agents in combination with trastuzumab + Perjeta are administered for usually four cycles, followed by trastuzumab ± Perjeta to complete 1 year of therapy. If no residual disease after preoperative therapy or no preoperative therapy, the guidelines recommends to complete up to one year of HER2 targeted therapy with trastuzumab ± Perjeta after completing planned chemotherapy regimen course. In the metastatic setting, the “Preferred Regimens” are Perjeta + trastuzumab + docetaxel (category 1) or Perjeta + trastuzumab + paclitaxel (category 2A). In this setting, chemotherapy + trastuzumab + Perjeta is continued until disease progression or unmanageable toxicity. It is noted in a footnote that maintenance trastuzumab/pertuzumab after response can be given, with concurrent endocrine therapy if estrogen receptor-positive and HER2+ metastatic disease. Under additional considerations, it is noted that patients previously treated with chemotherapy plus trastuzumab in the absence of pertuzumab in the metastatic setting may be considered for one line of therapy including both trastuzumab + pertuzumab in combination with or without cytotoxic chemotherapy. Due to these recommendations, the use of Phesgo in metastatic breast cancer setting has been simplified.
- **Colon Cancer/Rectal Cancer:** NCCN guidelines (version 4.2024 – July 3, 2024) for colon cancer and rectal cancer (version 3.2024 – July 3, 2024) recommend use of Perjeta + trastuzumab in patients with HER2-amplified, *RAS* and *BRAF* wild-type, colon and rectal cancer.³⁻⁵ Perjeta is recommended for use in a variety of therapy settings (e.g., adjuvant therapy, primary treatment, subsequent therapy) + trastuzumab, in patients who are not appropriate for intensive therapy and with no previous treatment with a HER2 inhibitor. It is a category 2A recommendation for primary and subsequent therapy settings; category 2B recommendation for adjuvant therapy.

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- **Head and Neck Cancers:** NCCN guidelines (version 4.2024 – May 1, 2024) recommend Perjeta + trastuzumab as a systemic therapy option for recurrent, unresectable, or metastatic salivary gland tumors, under “Useful in Certain Circumstances”, for HER2 positive tumors (category 2A).^{3,6}
- **Biliary Tract Cancers:** NCCN guidelines (version 3.2024 – July 2, 2024) recommend Perjeta + trastuzumab as subsequent treatment for biliary tract cancers for progression on or after systemic treatment for unresectable or metastatic disease that is HER2-positive as “Useful in Certain Circumstances” (category 2A).⁷

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Perjeta. All approvals are provided for the duration noted below. Because of the specialized skills required for the evaluation and diagnosis of patients treated with Perjeta, as well as the monitoring required for the adverse events and long-term efficacy, approval requires Perjeta to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Perjeta is recommended in those who meet one of the following criteria:

FDA-Approved Indications

1. **Breast Cancer – Neoadjuvant or Adjuvant Therapy.** Approve for 1 year (total) if the patient meets ALL of the following (A, B, C, D, and E):
 - A) Patient is ≥ 18 years of age; AND
 - B) Patient has human epidermal growth factor receptor 2 (HER2)-positive disease; AND
 - C) Patient meets ONE of the following (i or ii):
 - i. The medication will be used in combination with chemotherapy; OR
Note: Examples of chemotherapy include doxorubicin, cyclophosphamide, docetaxel, paclitaxel, carboplatin.
 - ii. The medication is continued after chemotherapy to complete 1 year of neoadjuvant or adjuvant therapy; AND
 - D) The medication will be used in combination with a trastuzumab product; AND
 - E) The medication is prescribed by or in consultation with an oncologist.
2. **Breast Cancer – Metastatic Disease.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
 - A) Patient is ≥ 18 years of age; AND
 - B) Patient has human epidermal growth factor receptor 2 (HER2)-positive disease; AND
 - C) The medication will be used in combination with trastuzumab; AND
 - D) The medication is prescribed by or in consultation with an oncologist.

Other Uses with Supportive Evidence

3. **Biliary Tract Cancer.** Approve for 1 year if the patient meets ALL of the following (A, B, C, D, and E):
 - A) Patient is ≥ 18 years of age; AND
 - B) Patient has human epidermal growth factor receptor 2 (HER2)-positive disease; AND
 - C) Patient has tried at least one systemic chemotherapy regimen; AND
Note: Examples of a systemic chemotherapy regimen include: gemcitabine and cisplatin; Imfinzi (durvalumab intravenous infusion) and gemcitabine, 5-fluorouracil and oxaliplatin, capecitabine and oxaliplatin, gemcitabine and cisplatin.
 - D) The medication will be used in combination with a trastuzumab product; AND
 - E) The medication is prescribed by or in consultation with an oncologist.
4. **Colon or Rectal Cancer.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
 - A) Patient is ≥ 18 years of age; AND
 - B) Patient has human epidermal growth factor receptor 2 (HER2)-positive disease; AND
 - C) The medication is used in combination with trastuzumab; AND
 - D) The medication is prescribed by or in consultation with an oncologist.
5. **Salivary Gland Tumor.** Approve for 1 year if the patient meets ALL of the following (A, B, C, D, and E):
 - A) Patient is ≥ 18 years of age; AND
 - B) Patient has recurrent, unresectable, or metastatic disease; AND
 - C) Patient has human epidermal growth factor receptor 2 (HER2)-positive disease; AND
 - D) The medication is used in combination with trastuzumab; AND
 - E) The medication is prescribed by or in consultation with an oncologist.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Perjeta is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Perjeta® intravenous infusion [prescribing information]. South San Francisco, CA: Genentech; February 2021.
2. The NCCN Breast Cancer Clinical Practice Guidelines in Oncology (version 4.2024 – July 3, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed August 5, 2024
3. The NCCN Drugs & Biologics Compendium. © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on August 5, 2024. Search term: pertuzumab.
4. The NCCN Colon Cancer Clinical Practice Guidelines in Oncology (version 4.2024 – July 3, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed August 5, 2024.
5. The NCCN Rectal Cancer Clinical Practice Guidelines in Oncology (version 3.2024 – July 3, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed August 5, 2024.
6. The NCCN Head and Neck Cancers Clinical Practice Guidelines in Oncology (version 4.2024 – May 1, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on August 5, 2024.
7. The NCCN Biliary Tract Cancers Clinical Practice Guidelines in Oncology (version 3.2024 – July 2, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on August 5, 2024.

