This policy applies to the following:

	Standard Control (SF)		Managed Medicaid Template (MMT)		ACSF Chart (ACSFC)	✓	Medical Benefit		Medicare Part B
	Preferred Drug Plan Design (PDPD)		Marketplace (MF)		SF Chart (SFC)		Medical Benefit: Biosimilars First		Medicare Part B: Biosimilars First
	Advanced Control Specialty (ACSF)		New to Market (NTM)		VF Chart (VFC)		Medical Benefit: Add-on		Medicare Part B: Advanced Biosimilars First
	Value (VF)		Aetna Health Exchange (AHE)				Medical Benefit: Managed Medicaid		Medicare Part B: Add-on
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EXCEPTIONS CRITERIA

BREAST CANCER

PREFERRED PRODUCTS: ENHERTU, KADCYLA, PERJETA AND PHESGO

POLICY

This policy informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

I. PLAN DESIGN SUMMARY

This program applies to the breast cancer products specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred products and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members who are new to treatment with a targeted product for the first time.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. HER2-targeted antibodies

	Product(s)
Preferred*	• **Enhertu** (fam-trastuzumab deruxtecan-nxki) • **Kadcyla** (ado-trastuzumab emtansine) • **Perjeta** (pertuzumab) • **Phesgo** (pertuzumab, trastuzumab, and hyaluronidase-zzxf)
Targeted	• **Margenza** (margetuximab-cmkb)

*: Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

II. EXCEPTION CRITERIA

This program applies to members requesting treatment for breast cancer.

Coverage for the targeted product is provided when either of the following criteria is met:

A. Member is currently receiving treatment with the targeted product, excluding when the requested targeted product is obtained as samples or via manufacturer's patient assistance programs.
B. Member has a documented inadequate response or intolerable adverse event with at least three of the preferred products.

This policy applies to the following:

	Standard Control (SF)		**Managed Medicaid Template (MMT)**		**ACSF Chart (ACSFC)**	✓	**Medical Benefit**		**Medicare Part B**
	Preferred Drug Plan Design (PDPD)		**Marketplace (MF)**		**SF Chart (SFC)**		**Medical Benefit: Biosimilars First**		**Medicare Part B: Biosimilars First**
	Advanced Control Specialty (ACSF)		**New to Market (NTM)**		**VF Chart (VFC)**		**Medical Benefit: Add-on**		**Medicare Part B: Advanced Biosimilars First**
	Value (VF)		**Aetna Health Exchange (AHE)**				**Medical Benefit: Managed Medicaid**		**Medicare Part B: Add-on**
			IVL						

Reference #
5608-D

REFERENCES

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2. Kadcyla [package insert]. South San Francisco, CA: Genentech, Inc.; February 2022.
3. Margenza [package insert]. Rockville, MD: MacroGenics, Inc.; December 2020.
4. Perjeta [package insert]. South San Francisco, CA: Genentech, Inc.; February 2021.
5. Phesgo [package insert]. South San Francisco, CA: Genentech, Inc.; June 2020.