Reference number(s)
2472-A

STANDARD MEDICARE PART B MANAGEMENT

PERJETA (pertuzumab)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications

1. Metastatic breast cancer
   In combination with trastuzumab and docetaxel for the treatment of patients with human epidermal growth factor receptor 2 (HER2)-positive metastatic breast cancer who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease.

2. Neoadjuvant treatment of breast cancer
   In combination with trastuzumab and chemotherapy for the neoadjuvant treatment of patients with HER2-positive, locally advanced, inflammatory, or early stage breast cancer (either greater than 2 cm in diameter or node positive) as part of a complete treatment regimen for early breast cancer.

3. Adjuvant treatment of breast cancer
   In combination with trastuzumab and chemotherapy as adjuvant treatment of patients with HER2-positive early breast cancer at high risk of recurrence.

B. Compendial Uses

1. Treatment of recurrent or stage IV (M1) human epidermal growth factor receptor 2 (HER2)-positive breast cancer
2. Adjuvant treatment of locally advanced HER2-positive breast cancer
3. HER2-amplified and RAS and BRAF wild-type colorectal cancer (including appendiceal adenocarcinoma and anal adenocarcinoma) in combination with trastuzumab
4. HER2-positive recurrent salivary gland tumors in combination with trastuzumab
5. HER2-positive hepatobiliary cancers

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. DOCUMENTATION

The following documentation must be available, upon request, for all submissions: human epidermal growth factor receptor 2 (HER2) status, RAS mutation status (where applicable), BRAF mutation status (where applicable)

III. CRITERIA FOR INITIAL APPROVAL

A. Breast cancer

1. Authorization of 12 months may be granted for neoadjuvant treatment of HER2-positive breast cancer.
2. Authorization of 12 months may be granted for adjuvant treatment of HER2-positive breast cancer.
3. Authorization of 12 months may be granted for treatment of recurrent or metastatic HER2-positive breast cancer or HER2-positive breast cancer with no response to preoperative systemic therapy.

B. Colorectal Cancer

Authorization of 12 months may be granted for treatment of HER2-amplified and RAS and BRAF wild-type colorectal cancer (including appendiceal adenocarcinoma and anal adenocarcinoma) not previously treated with HER2 inhibitor.

C. Salivary Gland Tumors

Authorization of 12 months may be granted for treatment of HER2-positive salivary gland tumors.

D. Hepatobiliary Cancer

Authorization of 12 months may be granted for subsequent treatment of unresectable or metastatic HER2-positive hepatobiliary cancers (including intrahepatic and extrahepatic cholangiocarcinoma and gallbladder cancer).

IV. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization of 12 months may be granted for all members (including new members) when all of the following criteria are met:

A. The member is currently receiving treatment with requested medication
B. The requested medication is being used to treat a diagnosis or condition enumerated in Section III
C. For members requesting reauthorization for adjuvant or neoadjuvant treatment of breast cancer, the maximum treatment duration is 12 months.
D. The member is receiving benefit from therapy. Benefit is defined as:
   1. No evidence of unacceptable toxicity while on the current regimen AND
   2. No evidence of disease progression while on the current regimen

V. SUMMARY OF EVIDENCE

The contents of this policy were created after examining the following resources:

1. The prescribing information for Perjeta.
2. The available compendium
   a. National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
   b. Micromedex DrugDex
   c. American Hospital Formulary Service- Drug Information (AHFS-DI)
   d. Lexi-Drugs
   e. Clinical Pharmacology
3. NCCN guideline: Breast cancer
4. NCCN guideline: Biliary tract cancers
5. NCCN guideline: Colon cancer
6. NCCN guideline: Head and neck cancers

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Perjeta are covered in addition to the following:

1. Treatment of recurrent or stage IV (M1) human epidermal growth factor receptor 2 (HER2)-positive breast cancer
2. Adjuvant treatment of locally advanced HER2-positive breast cancer
3. HER2-amplified and RAS and BRAF wild-type colorectal cancer (including appendiceal adenocarcinoma and anal adenocarcinoma) in combination with trastuzumab
4. HER2-positive recurrent salivary gland tumors in combination with trastuzumab
5. HER2-positive hepatobiliary cancers

VI. EXPLANATION OF RATIONALE

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

Support for using Perjeta to treat the compendial indications in section V can be found in the NCCN Drugs and Biologics Compendium. Use of information in the NCCN Drugs and Biologics Compendium for off-label use of drugs and biologicals in an anti-cancer chemotherapeutic regimen is supported by the Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 (Off-Label Use of Drugs and Biologicals in an Anti-Cancer Chemotherapeutic Regimen).

VII. REFERENCES

1. Perjeta [package insert]. South San Francisco, CA: Genentech, Inc.; February 2021.
2. The NCCN Drugs & Biologics Compendium® © 2022 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed December 9, 2022.
3. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Breast Cancer. Version 4.2022. https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf. Accessed December 9, 2022.
4. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Anal Carcinoma. Version 2.2022. https://www.nccn.org/professionals/physician_gls/pdf/anal.pdf Accessed December 9, 2022.