VENTURA COUNTY
HEALTH CARE PLAN

UTILIZATION REVIEW MEDICAL POLICY

POLICY: Oncology (Injectable) – Perjeta Utilization Review Medical Policy
- Perjeta® (pertuzumab injection, for intravenous use – Roche/Genentech)

REVIEW DATE: 07/29/2020

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]

- **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.
- **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.

Guidelines

The National Comprehensive Cancer Network (NCCN) breast cancer guidelines (version 5.2020 – July 15, 2020) and Compendium has the following recommendations.[2,3] For preoperative (neoadjuvant)/adjuvant therapy in HER2-positive disease, doxorubicin/cyclophosphamide followed by paclitaxel plus trastuzumab and Perjeta is one of the preferred regimens (category 2A). Docetaxel/carboplatin/trastuzumab/Perjeta is another recommend regimen (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. 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.

The NCCN colon and rectal cancer guidelines and compendium recommends use of Perjeta in combination with 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) in combination with trastuzumab, in patients who are not appropriate for intensive therapy and with no previous treatment with a HER2 inhibitor. It is category 2A recommended for primary and subsequent therapy settings; category 2B recommended for adjuvant therapy.

POLICY STATEMENT

Prior authorization is recommended for medical benefit coverage of Perjeta. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication(s). All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Perjeta, as well as the monitoring required for 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.

RECOMMENDED AUTHORIZATION CRITERIA

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

FDA-Approved Indications

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

   Dosing. Approve the following doses (A and B):
   - **A)** An initial one-time dose of 840 mg administered intravenously; AND
   - **B)** Perjeta 420 mg administered not more frequently than once every 3 weeks.

   Note: If the time between two sequential infusions is 6 weeks or greater, the initial Perjeta dose of 840 mg is re-administered.

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2. **Breast Cancer – Metastatic Disease**. Approve for 1 year if the patient meets all of the following (A, B, C, and D):
   - **A)** Patient has human epidermal growth factor receptor 2 (HER2)-positive disease; AND
   - **B)** Patient has not been previously treated with anti-HER2 therapy or chemotherapy for metastatic disease; AND
   - **C)** The medication will be used in combination with trastuzumab and chemotherapy; AND
     Note: Examples of chemotherapy are docetaxel, paclitaxel.
   - **D)** The medication is prescribed by or in consultation with an oncologist.

   Dosing. Approve the following doses (A and B):
   - **A)** An initial one-time dose of 840 mg administered intravenously; AND
   - **B)** Perjeta 420 mg administered intravenously not more frequently than once every 3 weeks.

   Note: If the time between two sequential infusions is 6 weeks or greater, the initial Perjeta dose of 840 mg is re-administered.

Other Uses with Supportive Evidence

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3. **Colon or Rectal Cancer**. Approve for 1 year if the patient meets the following criteria (A, B, and C):
   - **A)** Patient has human epidermal growth factor receptor 2 (HER2)-positive disease; AND
   - **B)** The medication is used in combination with trastuzumab; AND
   - **C)** The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve the following doses (A and B):
A) An initial one-time dose of 840 mg administered intravenously; AND
B) Perjeta 420 mg administered intravenously not more frequently than once every 3 weeks.

Note: If the time between two sequential infusions is 6 weeks or greater, the initial Perjeta dose of 840 mg is re-administered.

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® injection, for intravenous use [prescribing information]. South San Francisco, CA: Genentech, Inc.; January 2020.
2. The NCCN Breast Cancer Clinical Practice Guidelines in Oncology (Version 5.2020 – July 15, 2020). © 2020 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed July 27, 2020.
3. The NCCN Drugs & Biologics Compendium. © 2020 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on July 27, 2020. Search term: pertuzumab.
4. The NCCN Colon Cancer Clinical Practice Guidelines in Oncology (Version 4.2020 – June 15, 2020). © 2020 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed July 27, 2020.
5. The NCCN Rectal Cancer Clinical Practice Guidelines in Oncology (Version 6.2020 – June 25, 2020). © 2020 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed July 27, 2020.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual revision	• Breast Cancer: Neoadjuvant (preoperative) therapy criteria were separated from criteria for adjuvant therapy. Adjuvant therapy criteria were revised to add that this use is for early breast cancer in patients at high risk of recurrence according to the prescribing physician. Dosing and Initial/Extended Approval were revised to add that neoadjuvant (preoperative) therapy is followed after surgery with Perjeta given every 3 weeks to complete 1 year of therapy (up to 18 cycles). For adjuvant therapy, Perjeta is also given every 3 weeks for 1 year of therapy.	06/27/2018
Annual revision	• Breast Cancer. Deleted Initial/Extended Approval, Labs/Diagnostics, Waste Management, and Patient has been Started on Perjeta criteria. Added approval duration within criteria: for neoadjuvant and adjuvant criteria, added approval of Perjeta for 1 year (total); for recurrent/metastatic disease, approval is for 1 year and can be continued yearly. Instead of specifying "taxane" in criteria, changed it to state "chemotherapy". In adjuvant therapy, "prescribing physician" was changed to "prescriber." Reference to Herceptin was changed to "a trastuzumab product" due to the approval of biosimilars. Since the dosing is the same for Perjeta in neoadjuvant/adjuvant/metastatic setting, deleted separate dosing recommendations and number of cycles listed. Instead added criteria to approve initial Perjeta dose of 840 mg followed by once every 3 weeks dosing of 420 mg. Added "Note" to draw attention to dosing if more than 6 weeks elapsed between two sequential infusions (initial dose re-administered). Deleted other Note regarding dose reductions/dose modifications.	07/10/2019
Annual revision	• **Dosing**. Modified dosing wording to state "one-time dose" for the initial loading dose. Also added "not more frequently than" with regards to dosing frequency. • **Breast Cancer – Neoadjuvant or Adjuvant Therapy**. Separated out indication from metastatic disease. Deleted criteria requiring locally advanced, inflammatory, or early stage disease for neoadjuvant therapy. For adjuvant therapy, deleted criteria requiring "early breast cancer with high risk of recurrence (e.g., node positive), according to the prescriber AND will be used in combination with chemotherapy." Instead, the following criteria was added: "The medication is continued after chemotherapy to complete 1 year of neoadjuvant or adjuvant therapy." • **Breast Cancer – Metastatic Disease**. Added separate indication for metastatic disease; previously it was addressed along with neoadjuvant/adjuvant therapy. Added criteria that the patient was not previously treated with anti-HER2 therapy or chemotherapy for metastatic disease, based on FDA label. Also, added requirement for combination use with chemotherapy along with trastuzumab. • **Colon or Rectal Cancer**. Added new approval condition under "Other Uses with Supportive Evidence" based on guideline recommendation.	07/29/2020