

## UTILIZATION REVIEW MEDICAL POLICY

- POLICY:** Oncology (Injectable) – Phesgo Utilization Review Medical Policy
- Phesgo™ (pertuzumab, trastuzumab, and hyaluronidase-zzxf injection for subcutaneous use – Genentech, Inc.)

**REVIEW DATE:** 07/08/2020

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### OVERVIEW

Phesgo, a combination of pertuzumab, trastuzumab, and hyaluronidase-zzxf, is indicated for the following uses:<sup>1</sup>

- **Early breast cancer**, for use in combination with chemotherapy for the neoadjuvant treatment of adult patients with human epidermal growth factor receptor 2 (HER2)-positive, locally advanced, inflammatory, or early stage breast cancer (either > 2 cm in diameter or node positive) as part of a complete treatment regimen for early breast cancer. It is also indicated for the adjuvant treatment of adult patients with HER2-positive early breast cancer at high risk of recurrence.
- **Metastatic breast cancer**, for use in combination with docetaxel for the treatment of adult patients with HER2-positive disease who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease.

Patients should be selected for therapy based on an FDA-approved companion diagnostic test.

### Dosing Information

Phesgo is for subcutaneous use only and should not be administered intravenously. It has a different dosage and administration instructions than intravenous Perjeta and trastuzumab, and subcutaneous trastuzumab when administered alone. Phesgo should not be substituted for or with Perjeta, trastuzumab, Kadcyla (ado-trastuzumab emtansine for intravenous use), or Enhertu (fam-trastuzumab deruxtecan for intravenous use). Phesgo must always be administered by a healthcare professional. The initial dose consists of 1,200 mg pertuzumab, 600 mg trastuzumab, and 30,000 units hyaluronidase in 15 mL. This is administered subcutaneously over approximately 8 minutes. The maintenance dose is administered once every 3 weeks and consists of 600 mg pertuzumab, 600 mg trastuzumab, and 20,000 units hyaluronidase in 10 mL. This is administered subcutaneously over approximately 5 minutes every 3 weeks. No dose adjustments for Phesgo are required for patient body weight or for a concomitant chemotherapy regimen. For neoadjuvant therapy, administer Phesgo every 3 weeks for 3 to 6 cycles; after surgery patients should continue to receive Phesgo to complete 1 year of treatment. For adjuvant treatment, administer Phesgo once every 3 weeks for a total of 1 year (up to 18 cycles). For metastatic breast cancer Phesgo is continued until disease progression or unmanageable toxicity. For missed or delayed doses, if the time between two sequential injections is 6 weeks or more, the initial dose should be re-administered followed by the maintenance dose.

### Guidelines

The National Comprehensive Cancer Network (NCCN) breast cancer guidelines (version 5.2020 – July 15, 2020) notes that Phesgo may be substituted anywhere that the combination of Perjeta IV and trastuzumab IV are given as part of systemic therapy.<sup>2</sup> The guidelines note that Phesgo has a different dosing and administration instructions compared with the IV products. 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.

### **POLICY STATEMENT**

Prior authorization is recommended for medical benefit coverage of Phesgo. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indications. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Phesgo as well as the monitoring required for adverse events and long-term efficacy, approval requires Phesgo to be prescribed by or in consultation with a physician who specializes in the condition being treated.

### **RECOMMENDED AUTHORIZATION CRITERIA**

Coverage of Phesgo is recommended in those who meet 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 all of the following (A, B, and C):

- 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 of chemotherapy are doxorubicin, cyclophosphamide, docetaxel, paclitaxel, carboplatin.
  - ii. Phesgo is continued after chemotherapy to complete 1 year of neoadjuvant or adjuvant therapy; AND
- C) The medication is prescribed by or in consultation with an oncologist.

**Dosing.** Approve the following dosing regimen (A and B):

- A) An initial one-time dose of 1,200 mg pertuzumab, 600 mg trastuzumab, and 30,000 units hyaluronidase in 15 mL administered subcutaneously; AND
- B) Maintenance dose of 600 mg pertuzumab, 600 mg trastuzumab, and 20,000 units hyaluronidase in 10 mL administered subcutaneously not more frequently than once every 3 weeks.

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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 chemotherapy; AND
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Note: Examples of chemotherapy are docetaxel, paclitaxel.

**D)** The medication is prescribed by or in consultation with an oncologist.

**Dosing.** Approve the following dosing regimen (A and B):

**A)** An initial one-time dose of 1,200 mg pertuzumab, 600 mg trastuzumab, and 30,000 units hyaluronidase in 15 mL administered subcutaneously; AND

**B)** Maintenance dose of 600 mg pertuzumab, 600 mg trastuzumab, and 20,000 units hyaluronidase in 10 mL administered subcutaneously not more frequently than once every 3 weeks.

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### CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Phesgo 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. Phesgo™ injection for subcutaneous use [prescribing information]. South San Francisco, CA: Genentech, Inc.; June 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 on July 20, 2020.

### HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	07/08/2020
Update	7/27/2020: Updated guidelines with Phesgo.	--