Evolent Clinical Guideline 3266 for Bizengri™ (zenocutuzumab-zbco)

Guideline Number:	Applicable Codes	
Evolent_CG_3266		
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Original Date:	**Last Revised Date:**	**Implementation Date:**
January 2025	June 2026	June 2026

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STATEMENT

Purpose

To define and describe the accepted indications for Bizengri (zenocutuzumab-zbco) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

Evolent is responsible for processing all medication requests from network ordering providers. Medications not authorized by Evolent may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

INDICATIONS

Continuation requests for a not-approvable medication shall be exempt from this Evolent policy provided

- The member has not experienced disease progression on the requested medication AND
- The requested medication was used within the last year without a lapse of more than 30 days of having an active authorization AND
- Additional medication(s) are not being added to the continuation request.

Cholangiocarcinoma

- Bizengri (zenocutuzumab-zbco) may be used in adult members with advanced, unresectable, or metastatic cholangiocarcinoma harboring a neuregulin 1 *(NRG1)* gene fusion with disease progression on or after prior systemic therapy

Non-Small Cell Lung Cancer (NSCLC)

- Bizengri (zenocutuzumab-zbco) may be used in adult members with advanced, unresectable, or metastatic non-small cell lung cancer (NSCLC) harboring a neuregulin 1 *(NRG1)* gene fusion with disease progression on or after prior systemic therapy

Pancreatic Adenocarcinoma

- Bizengri (zenocutuzumab-zbco) may be used in adult members with advanced, unresectable, or metastatic pancreatic adenocarcinoma harboring a *NRG1* gene fusion with disease progression on or after prior systemic therapy

CONTRAINDICATIONS/WARNINGS

- US Boxed Warning
  - Exposure to zenocutuzumab-zbco during pregnancy can cause embryo-fetal harm. Advise patients of this risk and the need for effective contraception.
- Warnings
  - Left Ventricular Dysfunction
    - Assess left ventricular ejection fraction (LVEF) before initiating zenocutuzumab-zbco and at regular intervals during treatment as clinically indicated. Manage through treatment interruption or discontinuation. Permanently discontinue zenocutuzumab-zbco in patients with symptomatic congestive heart failure (CHF)

EXCLUSION CRITERIA

- Disease progression while taking Bizengri (zenocutuzumab-zbco).
- Concurrent use with other anticancer therapies.
- Members without the presence of the *NRG1* gene fusion in their cancers.
- Members with left ventricular ejection fraction less than 50%.
- Dosing exceeds single dose limit of 750 mg.
- Investigational use of Bizengri (zenocutuzumab-zbco) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:
  - Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
  - Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
  - Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definitions of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of < 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
  - Whether the experimental design, considering the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
  - That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
  - That case reports are generally considered uncontrolled and anecdotal information

and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.

- That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

CODING AND STANDARDS

Codes

- J9382 - Injection, zenocutuzumab-zbco, 1 mg

Applicable Lines of Business

☐	CHIP (Children's Health Insurance Program)
☒	Commercial
☒	Exchange/Marketplace
☒	Medicaid
☐	Medicare Advantage

POLICY HISTORY

Date	Summary
June 2026	• Added cholangiocarcinoma to indication section • Updated references
January 2026	• Converted to new Evolent guideline template • This guideline replaces UM ONC_1519 Bizengri (zenocutuzumab-zbco) • Updated references
January 2025	• New policy

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Services Clinical Guideline Review Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. Evolent clinical guidelines contain guidance that requires prior authorization and service limitations. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

REFERENCES

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9. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: **https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf**.
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