Drug Policy: 
Trastuzumab Products (Herceptin, Herceptin Hylecta, Ogivri, Herzuma, Ontruzant, Kanjinti, Trazimera) and Phesgo™ (pertuzumab, trastuzumab, and hyaluronidase-zzxf)

I. PURPOSE

To define and describe the accepted indications for Trastuzumab products [Herceptin (trastuzumab), Herceptin Hylecta (trastuzumab hyaluronidase), Ogivri (trastuzumab-dkst), Herzuma (trastuzumab-pkrb), Ontruzant (trastuzumab-dttb), Kanjinti (trastuzumab-anns), Trazimera (trastuzumab-qyyp)] and Phesgo (pertuzumab, trastuzumab, and hyaluronidase-zzxf) usage in the treatment of cancer, including FDA approved indications, and off-label indications.
New Century Health (NCH) is responsible for processing all medication requests from network ordering providers. Medications not authorized by NCH 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.

II. INDICATIONS FOR USE/INCLUSION CRITERIA

A. PREFERRED MEDICATION GUIDANCE FOR INITIAL REQUEST:
   1. When health plan Medicaid coverage provisions—including any applicable PDLs (Preferred Drug Lists)—conflict with the coverage provisions in this drug policy, health plan Medicaid coverage provisions take precedence per the Preferred Drug Guidelines OR
   2. When health plan Exchange coverage provisions—including any applicable PDLs (Preferred Drug Lists)—conflict with the coverage provisions in this drug policy, health plan Exchange coverage provisions take precedence per the Preferred Drug Guidelines OR
   3. For Health Plans that utilize NCH UM Oncology Clinical Policies as the initial clinical criteria, the Preferred Drug Guidelines shall follow NCH L1 Pathways when applicable, otherwise shall follow NCH drug policies AND
   4. Continuation requests of previously approved, non-preferred medication are not subject to this provision AND
   5. When available, generic alternatives are preferred over brand-name drugs.
   6. Kanjinti (trastuzumab-anns) and Ogivri (trastuzumab-dkst) are the PREFERRED medications whenever Herceptin (trastuzumab) or Herceptin Hylucta (trastuzumab hyaluronidase) is requested. Kanjinti + Perjeta and Ogivri + Perjeta are the PREFERRED options when a combination of trastuzumab and pertuzumab is used/indicated.
   7. Non-preferred trastuzumab will be approved only if there is a contraindication/intolerance to the PREFERRED medication.

B. HER-2 Positive Breast Cancer
   1. Herceptin (trastuzumab), Herceptin Hylucta (trastuzumab hyaluronidase), Ogivri (trastuzumab-dkst), Herzuma (trastuzumab-pkrb), Ontruzant (trastuzumab-dttb), Kanjinti, or Truzimera (trastuzumab-qyyp) is being used as ONE of the following:
      a. In combination with chemotherapy with or without Perjeta (pertuzumab) for neoadjuvant or adjuvant therapy as follows:
         i. In the neoadjuvant (pre-operative) setting, trastuzumab may be used with or without Perjeta (pertuzumab).
         ii. Trastuzumab may be used with Perjeta (pertuzumab), in the neoadjuvant setting, in combination with chemotherapy, for stage II OR node positive disease.
         iii. Trastuzumab + Perjeta (pertuzumab) use in the adjuvant (post-operative) setting is restricted in members who did not receive neoadjuvant therapy, OR, received neoadjuvant therapy and did not have any residual disease in the breast and/or axillary lymph nodes at surgery.
         iv. NOTE: If neoadjuvant therapy was given, and there is evidence of residual disease in the breast and or axillary nodes, then the Preferred drug per NCH Policy & NCH Pathway is Kadycla (ado-trastuzumab).
b. Trastuzumab may be used in combination with any of the following neoadjuvant or adjuvant regimens:
   i. Paclitaxel +/- pertuzumab following AC (doxorubicin and cyclophosphamide)
   ii. Docetaxel +/- pertuzumab following AC (doxorubicin and cyclophosphamide)
   iii. In TCH (docetaxel, carboplatin, and trastuzumab) +/- pertuzumab
   iv. In combination with docetaxel and cyclophosphamide.

c. The preferred agents, per NCH Policies for neoadjuvant and adjuvant treatment of early stage or locally advances HER-2 positive breast cancer include the following:

<table>
<thead>
<tr>
<th>Disease characteristics</th>
<th>Neoadjuvant Preferred Rx</th>
<th>Adjuvant Preferred Rx</th>
<th>Adjuvant Preferred Rx</th>
<th>Adjuvant Preferred Rx</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No Residual Disease after Neoadjuvant Therapy</td>
<td>Residual Disease present after Neoadjuvant Therapy</td>
<td>No Neoadjuvant Therapy given</td>
</tr>
<tr>
<td>NODE negative or Stage I disease</td>
<td>Trastuzumab + Chemo</td>
<td>Additional Trastuzumab; Additional Chemo if not completed pre-op</td>
<td>Kadcyla (ado-trastuzumab emtansine)</td>
<td>Trastuzumab + Chemo then additional Trastuzumab</td>
</tr>
<tr>
<td>NODE positive or Stage II or III disease</td>
<td>Trastuzumab + Pertuzumab + Chemotherapy</td>
<td>Additional Trastuzumab + Pertuzumab; Additional Chemo if not completed pre-op</td>
<td>Kadcyla (ado-trastuzumab emtansine)</td>
<td>For Node + disease only Trastuzumab + Pertuzumab + Chemotherapy, then additional Trastuzumab + Pertuzumab</td>
</tr>
</tbody>
</table>

d. First line or subsequent line therapy for recurrent or metastatic HER-2 positive breast cancer:
   i. In combination with Novaldex (tamoxifen), Faslodex (fulvestrant), or an aromatase inhibitor for a member whose disease is also ER/PR positive OR
   ii. In combination with pertuzumab and a taxane, Taxotere (docetaxel) or Taxol (paclitaxel), regardless of the ER/PR status OR
   iii. In combination with other single agent chemotherapy agents e.g. vinorelbine.

C. HER-2 Positive Gastric/Esophageal and Esophagogastric Junction Cancers

1. The member has a diagnosis of recurrent/metastatic gastric or esophageal or esophagogastric junction cancer and the cancer is HER-2 positive (defined as IHC 3+ or FISH positive) AND

2. Herceptin (trastuzumab), Ogivri (trastuzumab-dkst), Herzuma (trastuzumab-pkrb), Ontruzant (trastuzumab-dttb), Kanjinti (trastuzumab-anss), or Trazimera (trastuzumab-qyp) is being used in combination with cisplatin or oxaliplatin and 5-fluorouracil (or capecitabine) as first line therapy.

III. EXCLUSION CRITERIA
A. Herceptin (trastuzumab)/Ogivri (trastuzumab-dkst)/Herzuma (trastuzumab-pkrb)/Ontruzant (trastuzumab-dttb)/Kanjinti (trastuzumab-anns)/Trazimera (trastuzumab-qyyp) use in gastric or gastroesophageal junction cancer after disease progression with first line therapy containing trastuzumab.

B. Continuation of trastuzumab after disease progression on trastuzumab-based therapy in HER-2 positive esophageal, gastroesophageal, and gastric adenocarcinomas.

C. Dosing exceeds single dose limit of trastuzumab 8 mg/kg for the loading dose, 6mg/kg for subsequent doses when given every 3 weeks; 4 mg/kg for the loading dose and 2 mg/kg for the subsequent doses, when trastuzumab is being given weekly.

D. Dosing exceeds single dose limit of Phesgo (pertuzumab, trastuzumab, and hyaluronidase-zzxf) 1200 mg (initial dose) and 600 mg (subsequent dose).

E. Total treatment duration exceeds a maximum 52 weeks or 1 year (the equivalent of 17 three-week cycles) in non-metastatic HER-2 positive breast cancer. The above duration does not include any necessary therapy interruption, e.g., due to breast surgery and post-operative recovery.

F. Indication is not supported by CMS recognized compendia or acceptable peer reviewed literature.

IV. MEDICATION MANAGEMENT
A. Please refer to the FDA label/package insert for details regarding these topics.

V. APPROVAL AUTHORITY
A. Review – Utilization Management Department
B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS
A. None

VII. REFERENCES


D. Randomized phase III study of trastuzumab, paclitaxel, and carboplatin compared with trastuzumab and paclitaxel in women with HER-2-overexpressing metastatic breast cancer. AU


L. Ontruzant prescribing information. Merck & Co., Inc., Whitehouse Station, NJ 2020

M. Herzuma prescribing information. Teva Pharmaceuticals USA, Inc. North Wales, PA 2020


P. Micromedex® Healthcare Series: Thomson Micromedex, Greenwood Village, CO 2021