Perjeta® (pertuzumab)
(Intravenous)

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I. Length of Authorization

Coverage is provided for 6 months and may be renewed

- Use in the neo-adjuvant and adjuvant setting is limited to a total of 1 year of treatment (18 cycles)

II. Dosing Limits

A. Quantity Limit (max daily dose) [Pharmacy Benefit]:

Perjeta 420 mg/14mL solution for injection:

- Loading Dose: 2 vials
- Maintenance Doses: 1 vial every 21 days

B. Max Units (per dose and over time) [Medical Benefit]:

Loading Dose

- 840 billable units x 1 dose

Maintenance Dose

- 420 billable units every 21 days

III. Initial Approval Criteria

Coverage is provided in the following conditions:

- Patient is 18 years or older; AND
- Baseline Left ventricular ejection fraction (LVEF) within normal limits; AND
- Patient has human epidermal growth factor receptor 2 (HER2)-positive* disease; AND

Breast cancer †

- Used as adjuvant treatment; AND
  - Patient has locally advanced disease or early stage disease at high risk of recurrence; AND
  - Used in combination with a trastuzumab-based regimen; OR

- Used as neoadjuvant treatment for breast preservation; AND
  - Patient has locally advanced, inflammatory, or early stage disease; AND
  - Used in combination with a trastuzumab-based regimen; OR
- Used for recurrent or metastatic disease; AND
  - Used as first line therapy in combination with trastuzumab AND docetaxel; OR
  - Disease is one of the following:
    - Hormone receptor-negative; OR
    - Hormone receptor-positive and refractory to endocrine therapy; OR
    - Patient has symptomatic visceral disease or visceral crisis; AND
      - Used as first-line therapy in combination with trastuzumab and paclitaxel; OR
      - Used as second-line therapy in combination with trastuzumab ‡; AND
        - Previously treated with trastuzumab-based therapy; AND
          - Patient has not previously received pertuzumab

*HER2-positive overexpression criteria:
• Immunohistochemistry (IHC) assay 3+; OR • In situ hybridization (ISH) assay average HER2 copy number ≥ 6.0 signals/cell; OR • Dual-probe in situ hybridization (ISH) assay HER2/CEP17 ratio ≥ 2.0

† FDA Approved Indication(s); ‡ Compendia recommended indication(s)

IV. Renewal Criteria

Coverage can be renewed based upon the following criteria:

- Patient continues to meet the criteria identified in section III; AND
- Tumor response with stabilization of disease or decrease in size of tumor or tumor spread; AND
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: cardiotoxicity (e.g., left ventricular dysfunction, cardiomyopathy, etc.); severe infusion-related and hypersensitivity reactions/anaphylaxis; etc.; AND
- Left ventricular ejection fraction (LVEF) is >45% OR LVEF is ≥40% and absolute decrease is <10% from baseline (results must be less than 3 months old); AND
- Use for neoadjuvant and adjuvant breast cancer treatment is limited to a total of 1 year of treatment (total of 18 cycles).

V. Dosage/Administration

Indication	Dose
Breast Cancer	840 mg intravenously x 1 dose, then 420 mg intravenously every 21 days thereafter until disease progression or unmanageable toxicity

Indication	Dose
	• Neoadjuvant therapy consists of 3 to 6 cycles prior to surgery • Use for neoadjuvant and adjuvant breast cancer treatment is limited to a total of 1 year of treatment (total of 18 cycles)

VI. Billing Code/Availability Information

JCode:

- J9306 - Injection, pertuzumab, 1 mg; 1 mg = 1 billable unit

NDC(s):

- Perjeta 420 mg/14 mL single-dose vial for injection: 50242-0145-xx

VII. References

1. Perjeta [package insert]. South San Francisco, CA; Genentech, Inc.; December 2018. Accessed February 2019.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) pertuzumab. National Comprehensive Cancer Network, 2019. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed February 2019.
3. Baselga J, Cortes J, Kim SB, et al. Pertuzumab plus trastuzumab plus docetaxel for metastatic breast cancer. N Engl J Med 2012;366(2):109-119.
4. Gianni L, Pienkowski T, Im YH, et al. Efficacy and safety of neoadjuvant pertuzumab and trastuzumab in women with locally advanced, inflammatory, or early HER2-positive breast cancer (NeoSphere): a randomised multicentre, open-label, phase 2 trial. Lancet Oncol. 2012 Jan;13(1):25-32.
5. Baselga J, Cortes J, Kim SB, et al. CLEOPATRA Study Group. Pertuzumab plus trastuzumab plus docetaxel for metastatic breast cancer. N Engl J Med. 2012;366:109-119.
6. Schneeweiss A., Chia S., Hickish T., et al; Pertuzumab plus trastuzumab in combination with standard neoadjuvant anthracycline-containing and anthracycline-free chemotherapy regimens in patients with HER2-positive early breast cancer: a randomized phase II cardiac safety study (TRYPHAENA). Ann Oncol 2013; 24 (9): 2278-2284.
7. Von MG, Baselga J, Bradbury I, et al. Adjuvant Pertuzumab and Herceptin in initial therapy of Breast Cancer: APHINITY (BIG4-11/BO25126/TOC4939g) [abstract]; Cancer Res 2011; 71 (Suppl 24); Abstract OT1-02-04.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast

ICD-10	ICD-10 Description
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.029	Malignant neoplasm of nipple and areola , unspecified male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast

ICD-10	ICD-10 Description
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
Z85.3	Personal history of malignant neoplasm of breast

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC