Perjeta (pertuzumab)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Perjeta (pertuzumab)

APPROVAL CRITERIA

Requests for Perjeta (pertuzumab) may be approved if the following criteria are met:

I. Individual has a diagnosis of HER2-positive (HER2+) breast cancer (NCCN 2A); **AND**
   A. Confirmed by one of the following:
      1. Immunohistochemistry (IHC) is 3+; **OR**
      2. In situ hybridization (ISH) positive;

   AND
   B. Individual is using in one of the following ways:
      1. Individual has a diagnosis of recurrent unresectable or metastatic breast cancer (Label, NCCN 1, 2A); **AND**
         a. Individual is using as first-line therapy in combination with trastuzumab (or trastuzumab biosimilars) and either docetaxel **or** paclitaxel; **OR**
         b. Pertuzumab may be considered for disease progression in combination with trastuzumab (or trastuzumab biosimilars), with or without cytotoxic therapy (eg, vinorelbine or taxane) for one line of therapy in those previously treated with chemotherapy and trastuzumab (or trastuzumab biosimilars) without pertuzumab;

      OR
      2. Individual has early stage, locally advanced, or inflammatory breast cancer (Label, NCCN 2A); **AND**
         a. Individual will use in one of the following ways:
            i. Neoadjuvant (prior to surgery) therapy; **AND**
            ii. The primary tumor is larger than 2 cm in diameter or individual is lymph node positive (clinically evident by palpation or imaging);

            OR
            iii. Adjuvant systemic therapy; **AND**
            iv. The cancer is at high risk of recurrence; **AND**
         b. Individual has an Eastern Cooperative Oncology Group (ECOG) performance status 0-2; **AND**
         c. Individual is using in combination with trastuzumab (or trastuzumab biosimilars) and either of the following (Label, NCCN 2A):
            i. Docetaxel with or without carboplatin;

OR

ii. Paclitaxel;

AND

d. Individual is using pertuzumab is used for a maximum of 18 cycles (12 month course) (NCCN 2A);

OR

C. Individual is requesting Perjeta in combination with trastuzumab (or its biosimilars) for 12 months after completing 6 cycles (18 weeks) of TCHP (docetaxel, carboplatin, trastuzumab (or trastuzumab biosimilars), pertuzumab) for early stage, locally advanced, or inflammatory breast cancer (NCCN 2A);

OR

D. Individual has metastatic breast cancer with brain metastases and the following criteria are met (NCCN 2A); **AND**

1. Individual has a primary diagnosis of HER2+ breast cancer; **AND**
2. Used in one of the following ways:
   a. In those with asymptomatic brain metastases as primary or initial therapy;
   OR
   b. In those with stable disease in recurrent disease;

AND

3. Individual is using in combination with trastuzumab (or trastuzumab biosimilars);

OR

II. Individual has a diagnosis of biliary tract cancer (extrahepatic cholangiocarcinoma, intrahepatic cholangiocarcinoma, or gallbladder cancer) (NCCN 2A); **AND**

A. Individual is using as subsequent treatment in combination with trastuzumab (or trastuzumab biosimilars); **AND**

B. Individual is using in one of the following ways:

1. For progression on or after systemic treatment for unresectable or resected gross residual (R2) disease; **OR**
2. Metastatic disease that is HER2-positive;

OR

III. Individual has a diagnosis of colon or rectal cancer, including appendiceal carcinoma (NCCN 2A); **AND**

A. Individual is using in one of the following ways:

1. As initial systemic therapy in combination with trastuzumab (or trastuzumab biosimilars) if intensive therapy not recommended; **AND**
   a. No prior treatment with a HER2 inhibitor; **AND**
   b. One of the following:
      i. For advanced or metastatic disease proficient mismatch repair/microsatellite-stable (pMMR/MSS); **OR**
      ii. Ineligible for or progression on checkpoint inhibitor immunotherapy for deficient mismatch repair/microsatellite instability-high (dMMR/MSI-H) and HER2-amplified and RAS and BRAF wild-type disease;

OR

2. As subsequent therapy in combination with trastuzumab (or trastuzumab biosimilars); **AND**
    a. For HER2-amplified and RAS and BRAF wild-type pMMR/MSS disease; **OR**
    b. Ineligible for or progression on checkpoint inhibitor immunotherapy for dMMR/MSI-H if intensive therapy not recommended and no prior treatment with a HER2 inhibitor;

    OR
3. As initial treatment in combination with trastuzumab (or trastuzumab biosimilars); **AND**
    a. For HER2-amplifed and RAS and BRAF wild-type pMMR/MSS only; **AND**
    b. Has unresectable metachronous metastases disease; **AND**
    c. Prior FOLFOX or CapeOX usage within the past 12 months;

OR

IV. Individual has a diagnosis of HER2-positive recurrent salivary gland tumor (NCCN 2A); **AND**
    A. Individual is using as systemic therapy in combination with trastuzumab (or trastuzumab biosimilars); **AND**
    B. With no surgery or radiation therapy option;

OR

V. Individual has a diagnosis of metastatic HER2+ breast cancer with brain metastases (NCCN 2A); **AND**
    A. Individual has a primary diagnosis of HER2 + breast cancer; **AND**
    B. Individual is using in combination with high dose trastuzumab (or trastuzumab biosimilars); **AND**
    C. Using in one of the following ways:
        1. In those with asymptomatic brain metastases as primary or initial therapy; **OR**
        2. In those with stable brain metastases disease in relapsed/recurrent disease.

Requests for Perjeta (pertuzumab) may not be approved for the following:

I. If it is administered after trastuzumab (or its biosimilars) is discontinued or as part of a regimen without trastuzumab (or trastuzumab biosimilars); **OR**
II. Concomitant use with other targeted biologic agents not otherwise noted in the criteria above (including, but not limited to erlotinib, cetuximab, panitumumab, bevacizumab (and bevacizumab biosimilars), lapatinib, and ziv-aflibercept); **OR**
III. When the above criteria are not met and for all other indications.

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: Updated periodically.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.

3. Evaluation of Trastuzumab in Combination With Lapatinib or Pertuzumab in Combination With Trastuzumab-Emtansine to Treat Patients With HER2-positive Metastatic Colorectal Cancer (HERACLES). https://clinicaltrials.gov/ct2/show/NCT03225937.
4. Gupta R, Garrett-Mayer E, Halabi S, et al. Pertuzumab plus trastuzumab (P+T) in patients (Pts) with colorectal cancer (CRC) with ERBB2 amplification or overexpression: Results from the TAPUR Study [abstract]. Journal of Clinical Oncology 2020;38:132-132. Available at: https://ascopubs.org/doi/abs/10.1200/JCO.2020.38.4_suppl.132.
5. Javle M, Borad MJ, Azad NS, et al. Pertuzumab and trastuzumab for HER2-positive metastatic biliary tract cancer (MyPathway): A multicentre, open-label, phase 2a, multiple basket study. Lancet Oncol 2021;22:1290-1300.
6. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2025; Updated periodically.
7. Meric-Bernstam F, Hurwitz H, Raghav KPS, et al. Pertuzumab plus trastuzumab for HER2-amplified metastatic colorectal cancer (MyPathway): an updated report from a multicentre, open-label, phase 2a, multiple basket study. Lancet Oncol 2019;20:518-530. Available at: https://www.ncbi.nlm.nih.gov/pubmed/30857956.
8. NCCN Clinical Practice Guidelines in Oncology™. © 2025 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Accessed on January 18, 2025.
    a. Biliary Tract Cancers. V6.2024. Revised January 10, 2024.
    b. Breast Cancer. V6.2024. Revised November 11, 2024.
    c. Central Nervous System Cancers. V3.2024. Revised September 30, 2024.
    d. Colon Cancer V6.2024. Revised January 17, 2025.
    e. Head and Neck Cancers. V2.2025. Revised January 17, 2025.
    f. Rectal Cancer. V5. 2024. Revised January 17, 2025.

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.