| Reference number(s) |
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| 2474-A |

# STANDARD MEDICARE PART B MANAGEMENT

## HERCEPTIN (trastuzumab)
## KANJINTI (trastuzumab-anns)
## OGIVRI (trastuzumab-dkst)
## TRAZIMERA (trastuzumab-qyyp)
## HERZUMA (trastuzumab-pkrb)
## ONTRUZANT (trastuzumab-dttb)

**POLICY**

**I. INDICATIONS**

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications

1. Adjuvant breast cancer
   Adjuvant treatment of human epidermal growth factor receptor 2 (HER2)-overexpressing node positive or node negative (estrogen receptor (ER)/progesterone receptor (PR) negative or with one high risk feature) breast cancer
   a. As part of a treatment regimen consisting of doxorubicin, cyclophosphamide, and either paclitaxel or docetaxel
   b. As part of a treatment regimen with docetaxel and carboplatin
   c. As a single agent following multi-modality anthracycline based therapy
2. Metastatic breast cancer
   a. In combination with paclitaxel for first-line treatment of HER2-overexpressing metastatic breast cancer
   b. As a single agent for treatment of HER2-overexpressing breast cancer in patients who have received one or more chemotherapy regimens for metastatic disease
3. Metastatic gastric cancer
   In combination with cisplatin and capecitabine or 5-fluorouracil, for the treatment of patients with HER2 overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma, who have not received prior treatment for metastatic disease

B. Compendial Uses

1. HER2-positive breast cancer:
   a. Neoadjuvant therapy
   b. Treatment of recurrent, advanced unresectable, or stage IV (M1) disease
   c. Treatment for no response to preoperative systemic therapy
2. Intra-cerebrospinal fluid (CSF) treatment of leptomeningeal metastases (malignant meningitis) from HER2-positive breast cancer

3. HER2-positive esophageal and esophagogastric junction cancer
4. HER2- positive advanced, metastatic, or recurrent uterine serous carcinoma
5. HER2-positive salivary gland tumors
6. HER2-amplified and RAS and BRAF wild-type colorectal cancer in combination with pertuzumab or lapatinib
7. HER2-positive hepatobiliary cancers
8. HER2-positive non-small cell lung cancer
9. Prostate cancer

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

## II. DOCUMENTATION

The following documentation must be available, upon request, for all submissions:

A. Human epidermal growth factor receptor 2 (HER2) status, where applicable
B. RAS mutation status, where applicable
C. BRAF mutation status, where applicable

## III. CRITERIA FOR INITIAL APPROVAL

### A. Breast cancer

1. Authorization of 12 months may be granted for neoadjuvant treatment of HER2-positive breast cancer as part of a complete treatment regimen.
2. Authorization of 12 months may be granted for adjuvant treatment of HER2-positive breast cancer.
3. Authorization of 12 months may be granted for treatment of HER2-positive breast cancer with no response to preoperative systemic therapy, recurrent, advanced, unresectable, or metastatic (including brain metastases) disease.
4. Authorization of 12 months may be granted for intra-CSF treatment of leptomeningeal metastases (malignant meningitis) from HER2-positive breast cancer.

### B. Esophageal, gastric, or esophagogastric junction cancer

Authorization of 12 months may be granted for treatment or palliative therapy of HER2-positive esophageal, gastric, or esophagogastric junction cancer.

### C. Uterine Serous Carcinoma

Authorization of 12 months may be granted for treatment of HER2-positive advanced, metastatic or recurrent uterine serous carcinoma.

### D. Salivary gland tumors

Authorization of 12 months may be granted for treatment of HER2-positive salivary gland tumors.

### E. Colorectal Cancer

Authorization of 12 months may be granted for treatment of HER2-amplified and RAS and BRAF wild-type colorectal cancer, including appendiceal adenocarcinoma and anal adenocarcinoma.

### F. Hepatobiliary Cancers

Authorization of 12 months may be granted for subsequent treatment of unresectable or metastatic HER2-positive hepatobiliary cancers (including intrahepatic and extrahepatic cholangiocarcinoma and gallbladder cancer).

**G. Non-small cell lung cancer**
Authorization of 12 months may be granted for treatment of HER2-positive non-small cell lung cancer.

**H. Prostate cancer**
Authorization of 12 months may be granted for treatment of prostate cancer.

## IV. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization of 12 months may be granted for all members (including new members) when all of the following criteria are met:

A. The member is currently receiving therapy with the requested medication
B. The requested medication is being used to treat a diagnosis or condition enumerated in Section III.
C. For members requesting reauthorization for adjuvant or neoadjuvant treatment of breast cancer, the maximum treatment duration is 12 months.
D. The member is receiving benefit from therapy. Benefit is defined as:
    1. No evidence of unacceptable toxicity while on the current regimen AND
    2. No evidence of disease progression while on the current regimen

## V. SUMMARY OF EVIDENCE

The contents of this policy were created after examining the following resources:

1. The prescribing information for Herceptin, Kanjinti, Ogivri, Trazimera, Herzuma, and Ontruzant.
2. The available compendium
    a. National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
    b. Micromedex DrugDex
    c. American Hospital Formulary Service- Drug Information (AHFS-DI)
    d. Lexi-Drugs
    e. Clinical Pharmacology
3. NCCN Guideline: Breast cancer
4. NCCN Guideline: Gastric cancer
5. NCCN Guideline: Esophageal and esophagogastric junction cancers
6. NCCN Guideline: Central nervous system cancers
7. NCCN Guideline: Biliary tract cancers
8. NCCN Guideline: Colon cancer
9. NCCN Guideline: Uterine neoplasms
10. NCCN Guideline: Rectal cancer
11. NCCN Guideline: Head and neck cancers

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Herceptin, Kanjinti, Ogivri, Trazimera, Herzuma and Ontruzant are covered in addition to the following:

1. HER2-positive breast cancer:
   a. Neoadjuvant therapy
   b. Treatment of recurrent or advanced unresectable disease
   c. Treatment for no response to preoperative systemic therapy
2. Intra-cerebrospinal fluid (CSF) treatment of leptomeningeal metastases (malignant meningitis) from HER2-positive breast cancer
3. HER2-positive esophageal and esophagogastric junction cancer
4. HER2- positive advanced, metastatic, or recurrent uterine serous carcinoma
5. HER2-positive salivary gland tumors
6. HER2-amplified and RAS and BRAF wild-type colorectal cancer in combination with pertuzumab or lapatinib
7. HER2-positive hepatobiliary cancers
8. HER2-positive non-small cell lung cancer
9. Prostate cancer

## VI. EXPLANATION OF RATIONALE

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

Support for all indications other than non-small cell lung cancer and prostate cancer can be found in the NCCN Drugs and Biologics Compendium. Use of information in the NCCN Drugs and Biologics Compendium for off-label use of drugs and biologicals in an anti-cancer chemotherapeutic regimen is supported by the Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 (Off-Label Use of Drugs and Biologicals in an Anti-Cancer Chemotherapeutic Regimen).

Support for non-small cell lung cancer and prostate cancer can be found in the Micromedex DrugDex database. Use of information in the DrugDex database for off-label use of drugs and biologicals in an anti-cancer chemotherapeutic regimen is supported by the Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 (Off-Label Use of Drugs and Biologicals in an Anti-Cancer Chemotherapeutic Regimen).

## VII. REFERENCES

1. Herceptin [package insert]. South San Francisco, CA: Genentech, Inc.; February 2021.
2. Kanjinti [package insert]. Thousand Oaks, CA: Amgen, Inc.; October 2022.
3. Ogivri [package insert]. Zurich, Switzerland: Mylan GmbH; February 2021.
4. Trazimera [package insert]. Cork, Ireland: Pfizer Ireland Pharmaceuticals; November 2020.
5. Herzuma [package insert]. Incheon, Republic of Korea: Celltrion, Inc. May 2019.
6. Ontruzant [package insert]. Incheon, Republic of Korea: Samsung Bioepis Co.; June 2021.
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