Reference number(s)
2474-A

Standard Medicare Part B Management Herceptin and Trastuzumab Biosimilars

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over the counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Herceptin	trastuzumab
Kanjinti	trastuzumab-anns
Ogivri	trastuzumab-dkst
Trazimera	trastuzumab-qyyp
Herzuma	trastuzumab-pkrb
Ontruzant	trastuzumab-dttb
Hercessi	Trastuzumab-strf

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.

FDA-approved Indications

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

- As part of a treatment regimen consisting of doxorubicin, cyclophosphamide, and either paclitaxel or docetaxel
- As part of a treatment regimen with docetaxel and carboplatin
- As a single agent following multi-modality anthracycline based therapy

Metastatic breast cancer

- In combination with paclitaxel for first-line treatment of HER2-overexpressing metastatic breast cancer
- As a single agent for treatment of HER2-overexpressing breast cancer in patients who have received one or more chemotherapy regimens for metastatic disease

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

Compendial Uses

- HER2-positive breast cancer:
  - Neoadjuvant therapy
  - Treatment of recurrent, advanced unresectable, or stage IV (M1) disease
  - Treatment for no response to preoperative systemic therapy
- HER2-negative breast cancer treatment of stage IV (M1) disease
- Intra-cerebrospinal fluid (CSF) treatment of leptomeningeal metastases (malignant meningitis) from HER2-positive breast cancer
- HER2-positive esophageal and esophagogastric junction cancer
- HER2- positive uterine serous carcinoma and carcinosarcoma
- HER2-positive salivary gland tumors
- HER2-amplified and RAS and BRAF wild-type colorectal cancer
- HER2-positive biliary tract cancers
- HER2-positive non-small cell lung cancer
- 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.

Documentation

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

- Human epidermal growth factor receptor 2 (HER2) status, where applicable
- RAS mutation status, where applicable
- BRAF mutation status, where applicable

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2474-A

Coverage Criteria

Breast cancer

- Authorization of 12 months may be granted for neoadjuvant treatment of HER2-positive breast cancer as part of a complete treatment regimen.
- Authorization of 12 months may be granted for adjuvant treatment of HER2-positive breast cancer.
- 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.
- Authorization of 12 months may be granted for intra-CSF treatment of leptomeningeal metastases (malignant meningitis) from HER2-positive breast cancer.
- Authorization of 12 months may be granted for treatment of stage IV HER2-negative breast cancer when used in combination with neratinib and fulvestrant.

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 in combination with chemotherapy cancer.

Uterine serous carcinoma or carcinosarcoma

Authorization of 12 months may be granted for treatment of HER2-positive stage III-IV, metastatic or recurrent uterine serous carcinoma or carcinosarcoma in combination with carboplatin and paclitaxel and continued as a single agent for maintenance therapy.

Salivary gland tumors

Authorization of 12 months may be granted for treatment of recurrent, unresectable, or metastatic HER2-positive salivary gland tumors when used as a single agent or in combination with docetaxel or pertuzumab.

Colorectal cancer

Authorization of 12 months may be granted for treatment of unresectable, inoperable, advanced, or metastatic colorectal cancer, including appendiceal adenocarcinoma and anal adenocarcinoma, when all of the following criteria are met:

- Member has HER2-positive/amplified disease
- The disease is negative (wild-type) for RAS (KRAS and NRAS) and BRAF mutations
- The requested medication will be used in combination with tucatinib, pertuzumab, or lapatinib
- Member has received prior therapy for the disease or is not appropriate for intensive therapy

Biliary tract cancers

Authorization of 12 months may be granted for subsequent treatment of unresectable, resected gross residual, or metastatic HER2-positive biliary tract cancers (including intrahepatic and extrahepatic cholangiocarcinoma and gallbladder cancer) when used in combination with pertuzumab or tucatinib.

Non-small cell lung cancer

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

Prostate cancer

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

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:

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

Summary of Evidence

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

- The prescribing information for Herceptin, Kanjinti, Ogivri, Trazimera, Herzuma, and Ontruzant.
- The available compendium
    - National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
    - Micromedex DrugDex
    - American Hospital Formulary Service- Drug Information (AHFS-DI)
    - Lexi-Drugs
    - Clinical Pharmacology
- NCCN Guideline: Breast cancer

- NCCN Guideline: Gastric cancer
- NCCN Guideline: Esophageal and esophagogastric junction cancers
- NCCN Guideline: Central nervous system cancers
- NCCN Guideline: Biliary tract cancers
- NCCN Guideline: Colon cancer
- NCCN Guideline: Uterine neoplasms
- NCCN Guideline: Rectal cancer
- 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:

- HER2-positive breast cancer:
  - Neoadjuvant therapy
  - Treatment of recurrent or advanced unresectable disease
  - Treatment for no response to preoperative systemic therapy
- HER2-negative breast cancer treatment of stage IV (M1) disease
- Intra-cerebrospinal fluid (CSF) treatment of leptomeningeal metastases (malignant meningitis) from HER2-positive breast cancer
- HER2-positive esophageal and esophagogastric junction cancer
- HER2- positive uterine serous carcinoma and carcinosarcoma
- HER2-positive salivary gland tumors
- HER2-amplified and RAS and BRAF wild-type colorectal cancer
- HER2-positive biliary tract cancers
- HER2-positive non-small cell lung cancer
- Prostate cancer

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).

References

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