OVERVIEW
Perjeta, a human epidermal growth factor receptor 2 (HER2) antagonist, is indicated for use in combination with Herceptin® (trastuzumab intravenous infusion) and docetaxel intravenous injection (Docefrez™, Taxotere®) for the treatment of patients with HER2-positive metastatic breast cancer who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease.\(^1\,2\) Perjeta is also indicated in combination with Herceptin and chemotherapy as 1) neoadjuvant treatment of patients with HER2-positive, locally advanced, inflammatory, or early stage breast cancer (either greater than 2 cm in diameter or node positive) as part of a complete treatment regimen for early breast cancer, OR 2) adjuvant treatment of patients with HER2-positive early breast cancer at high risk of recurrence.

Perjeta is available as 420 mg/14 mL (30 mg/mL) single-use vials containing preservative-free solution.\(^1\) Dilute Perjeta solution using 250 mL of 0.9% Sodium Chloride Injection (do not use Dextrose 5% solution). The diluted solution is infused intravenously over 30 to 60 minutes. Perjeta should not be administered as an intravenous push or bolus.

The National Comprehensive Cancer Network (NCCN) breast cancer guidelines (version 2.2019 – July 2, 2019) recommended uses for Perjeta are as follows:\(^3\)

- Preoperative therapy for patients with HER2-positive locally advanced disease in combination with trastuzumab and chemotherapy [all of these regimens are category 2A]; OR
- Adjuvant therapy for patients with node positive HER2-positive tumors in combination with 1) trastuzumab and paclitaxel (preferred regimen) following therapy with AC regimen; 2) trastuzumab and docetaxel following therapy with AC regimen; or 3) TCH regimen (preferred regimen) [all of these regimens are category 2A]; OR
- For recurrent or Stage IV (M1) HER2-positive disease that is either hormone receptor-negative or hormone receptor-positive as preferred first-line therapy in combination with trastuzumab with either docetaxel or paclitaxel (category 1 for docetaxel, trastuzumab combination; 2A for other); or in combination with trastuzumab with or without cytotoxic therapy (e.g., vinorelbine or a taxane) for one line of therapy beyond first-line therapy in patients previously treated with chemotherapy and trastuzumab but without Perjeta ) [category 2A].
Policy Statement
Prior authorization is recommended for medical benefit coverage of Perjeta. Approval is recommended for those who meet the Criteria and Dosing for the listed indication(s). All approvals are provided for the duration noted below. Because of the of the specialized skills required for evaluation and diagnosis of patients treated with Perjeta, as well as the monitoring required for adverse events and long-term efficacy, approval requires Perjeta to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Recommended Authorization Criteria
Coverage of Perjeta is recommended in those who meet one of the following criteria:

FDA-Approved Indications
1. Breast Cancer. Approve if the patient meets the following criteria (A, B, C, and D):
   A) Perjeta is prescribed by or in consultation with an oncologist; AND
   B) The patient has human epidermal growth factor receptor 2 (HER2)-positive disease; AND
   C) The patient meets ONE of the following criteria (i, ii, or iii):
      i. Approve for 1 year (total) if Perjeta is used as neoadjuvant (preoperative) therapy for locally advanced, inflammatory, or early stage disease AND will be used in combination with chemotherapy.
         Note: Examples include docetaxel, paclitaxel; OR
      ii. Approve for 1 year (total) if Perjeta is used as adjuvant therapy for early breast cancer at a high risk of recurrence (e.g., node positive), according to the prescriber, AND will be used in combination with chemotherapy.
         Note: Examples include docetaxel, paclitaxel; OR
      iii. Approve for 1 year if Perjeta is used for recurrent or metastatic disease; AND
   D) Perjeta will be used in combination with a trastuzumab product.

Dosing. Approve the following Perjeta dose for neoadjuvant/adjuvant or recurrent/metastatic disease:
   • Initial Perjeta dose of 840 mg intravenous infusion followed once every 3 weeks by a dose of 420 mg intravenous infusion.

   NOTE: If the time between two sequential infusions is 6 weeks or greater, the initial Perjeta dose of 840 mg is re-administered and followed once every 3 weeks by a dose of 420 mg.

Conditions Not Recommended for Approval.
Perjeta has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions.

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.
REFERENCES

HISTORY

<table>
<thead>
<tr>
<th>Type of Revision</th>
<th>Summary of Changes</th>
<th>Approval Date</th>
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<tbody>
<tr>
<td>Annual</td>
<td>• Breast Cancer: Criteria were revised to remove the requirement that Perjeta is used in combination with a taxane for recurrent or metastatic disease. When Perjeta is used for preoperative or adjuvant therapy, the requirement remains that Perjeta is used in combination with a taxane. “Preoperative or adjuvant therapy” was added to the condition of locally advanced, inflammatory or early stage disease.</td>
<td>04/13/2016</td>
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<tr>
<td>Annual</td>
<td>No criteria changes.</td>
<td>05/24/2017</td>
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<tr>
<td>Annual</td>
<td>• Breast Cancer: Neoadjuvant (preoperative) therapy criteria were separated from criteria for adjuvant therapy. Adjuvant therapy criteria were revised to add that this use is for early breast cancer in patients at high risk of recurrence according to the prescribing physician. Dosing and Initial/Extended Approval were revised to add that neoadjuvant (preoperative) therapy is followed after surgery with Perjeta given every 3 weeks to complete 1 year of therapy (up to 18 cycles). For adjuvant therapy, Perjeta is also given every 3 weeks for 1 year of therapy.</td>
<td>06/27/2018</td>
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<tr>
<td>Annual revision</td>
<td>• Breast Cancer. Deleted Initial/Extended Approval, Labs/Diagnostics, Waste Management, and Patient has been Started on Perjeta criteria. Added approval duration within criteria: for neoadjuvant and adjuvant criteria, added approval of Perjeta for 1 year (total); for recurrent/metastatic disease, approval is for 1 year and can be continued yearly. Instead of specifying “taxane” in criteria, changed it to state “chemotherapy”. In adjuvant therapy, “prescribing physician” was changed to “prescriber.” Reference to Herceptin was changed to “a trastuzumab product” due to the approval of biosimilars. Since the dosing is the same for Perjeta in neoadjuvant/adjuvant/metastatic setting, deleted separate dosing recommendations and number of cycles listed. Instead added criteria to approve initial Perjeta dose of 840 mg followed by once every 3 weeks dosing of 420 mg. Added “Note” to draw attention to dosing if more than 6 weeks elapsed between two sequential infusions (initial dose re-administered). Deleted other Note regarding dose reductions/dose modifications.</td>
<td>07/10/2019</td>
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