

## UTILIZATION MANAGEMENT MEDICAL POLICY

**POLICY:** Oncology (Injectable – HER2 Antagonist) – Perjeta Utilization Management Medical Policy

- Perjeta® (pertuzumab intravenous infusion – Genentech)

**REVIEW DATE:** 07/29/2026

### OVERVIEW

Perjeta, a human epidermal growth factor receptor 2 (HER2) antagonist, is indicated for the treatment of **HER2-positive breast cancer** for the following uses:<sup>1</sup>

- **Adjuvant treatment**, of patients with early disease at high risk of recurrence, in combination with trastuzumab and chemotherapy.
- **Metastatic disease**, in combination with trastuzumab and docetaxel in patients who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease.
- **Neoadjuvant treatment**, of patients with locally advanced, inflammatory, or early stage disease (either greater than 2 cm in diameter or node positive) as part of a complete treatment regimen for early breast cancer, in combination with trastuzumab and chemotherapy.

### Dosing

An initial one-time dose of Perjeta 840 mg administered intravenously and then Perjeta 420 mg administered not more frequently than once every 3 weeks is recommended for the approved uses.<sup>1</sup> This dosing was also used in a clinical study for salivary gland tumors and biliary tract cancers.<sup>2,3</sup>

### Guidelines

The use of Perjeta is recommended across multiple National Comprehensive Cancer Network (NCCN) guidelines and the NCCN Compendium.<sup>4-11</sup> Recommendations with a category of evidence of 2B or higher support the approval criteria outlined below.

### 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 indications. All approvals are provided for the duration noted below. Because 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.

**Automation:** None.

### RECOMMENDED AUTHORIZATION CRITERIA

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

### FDA-Approved Indications

- 1. Breast Cancer – Neoadjuvant or Adjuvant Therapy.** Approve for 1 year (total) if the patient meets ALL of the following (A, B, C, D, and E):

A) Patient is  $\geq 18$  years of age; AND

B) Patient has human epidermal growth factor receptor 2 (HER2)-positive disease; AND

C) Patient meets ONE of the following (i or ii):

i. The medication will be used in combination with chemotherapy; OR

Note: Examples of chemotherapy include doxorubicin, cyclophosphamide, docetaxel, paclitaxel, carboplatin.

ii. The medication is continued after chemotherapy to complete 1 year of neoadjuvant or adjuvant therapy; AND

D) The medication will be used in combination with a trastuzumab product; AND

E) The medication is prescribed by or in consultation with an oncologist.

**Dosing.** Approve BOTH of the following (A and B):

A) An initial one-time dose of 840 mg administered intravenously; AND

B) Perjeta 420 mg administered not more frequently than once every 3 weeks.

Note: If the time between two sequential infusions is 6 weeks or greater, the initial Perjeta dose of 840 mg is re-administered.

- 2. Breast Cancer – Metastatic Disease.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D)

A) Patient is  $\geq 18$  years of age; AND

B) Patient has human epidermal growth factor receptor 2 (HER2)-positive disease; AND

C) The medication will be used in combination with trastuzumab; AND

D) The medication is prescribed by or in consultation with an oncologist.

**Dosing.** Approve BOTH of the following (A and B):

A) An initial one-time dose of 840 mg administered intravenously; AND

B) Perjeta 420 mg administered intravenously not more frequently than once every 3 weeks.

Note: If the time between two sequential infusions is 6 weeks or greater, the initial Perjeta dose of 840 mg is re-administered.

### Other Uses with Supportive Evidence

- 3. Appendiceal Cancer.** Approve for 1 year if the patient meets ALL of the following (A, B, C, D, E, and F):

A) Patient is  $\geq 18$  years of age; AND

B) Patient has human epidermal growth factor receptor 2 (HER2)-positive disease; AND

C) The tumor is *RAS* and *BRAF* wild-type; AND

D) Patient has not been previously treated with a HER2 antagonist; AND

Note: Examples are trastuzumab, Perjeta, and Phesgo (pertuzumab, trastuzumab, and hyaluronidase-zzxf subcutaneous injection).

E) The medication is used in combination with trastuzumab; AND

F) The medication is prescribed by or in consultation with an oncologist.

**Dosing.** Approve BOTH of the following (A and B):

- A) An initial one-time dose of 840 mg administered intravenously; AND
- B) Perjeta 420 mg administered not more frequently than once every 3 weeks.

Note: If the time between two sequential infusions is 6 weeks or greater, the initial Perjeta dose of 840 mg is re-administered.

4. **Biliary Tract Cancer.** Approve for 1 year if the patient meets ALL of the following (A, B, C, D, and E):

- A) Patient is  $\geq 18$  years of age; AND
- B) Patient has human epidermal growth factor receptor 2 (HER2)-positive disease; AND
- C) Patient has tried at least one systemic chemotherapy regimen; AND

Note: Examples of a systemic chemotherapy regimen include: gemcitabine and cisplatin; Imfinzi (durvalumab intravenous infusion) and gemcitabine, 5-fluorouracil and oxaliplatin, capecitabine and oxaliplatin, gemcitabine and cisplatin.

- D) The medication will be used in combination with a trastuzumab product; AND
- E) The medication is prescribed by or in consultation with an oncologist.

**Dosing.** Approve BOTH of the following (A and B):

- A) An initial one-time dose of 840 mg administered intravenously; AND
- B) Perjeta 420 mg administered not more frequently than once every 3 weeks.

Note: If the time between two sequential infusions is 6 weeks or greater, the initial Perjeta dose of 840 mg is re-administered.

5. **Colon or Rectal Cancer.** Approve for 1 year if the patient meets ALL of the following (A, B, C, D, and E):

- A) Patient is  $\geq 18$  years of age; AND
- B) Patient has human epidermal growth factor receptor 2 (HER2)-amplified disease; AND

Note: HER2 amplified disease is HER2 immunohistochemistry (IHC) 3+, IHC 2+/*in situ* hybridization (ISH)+, or next-generation sequencing (NGS) amplified cancer.

- C) The tumor is *RAS* and *BRAF* wild-type; AND
- D) The medication is used in combination with trastuzumab; AND
- E) The medication is prescribed by or in consultation with an oncologist.

**Dosing.** Approve BOTH of the following (A and B):

- A) An initial one-time dose of 840 mg administered intravenously; AND
- B) Perjeta 420 mg administered intravenously not more frequently than once every 3 weeks.

Note: If the time between two sequential infusions is 6 weeks or greater, the initial Perjeta dose of 840 mg is re-administered.

6. **Salivary Gland Tumor.** Approve for 1 year if the patient meets ALL of the following (A, B, C, D, and E):

- A) Patient is  $\geq 18$  years of age; AND
- B) Patient has recurrent, unresectable, or metastatic disease; AND
- C) Patient has human epidermal growth factor receptor 2 (HER2)-positive disease; AND
- D) The medication is used in combination with trastuzumab; AND
- E) The medication is prescribed by or in consultation with an oncologist.

**Dosing.** Approve BOTH of the following (A and B):

- A) An initial one-time dose of 840 mg administered intravenously; AND
- B) Perjeta 420 mg administered intravenously not more frequently than once every 3 weeks.

Note: If the time between two sequential infusions is 6 weeks or greater, the initial Perjeta dose of 840 mg is re-administered.

**7. Small Bowel Adenocarcinoma:** Approve for 1 year if the patient meets ALL of the following (A, B, C, D, E, and F):

- A) Patient is  $\geq 18$  years of age; AND
- B) Patient has human epidermal growth factor receptor 2 (HER2)-overexpressed or HER2-amplified disease; AND

Note: HER2 overexpression is immunohistochemistry (IHC) 3+. HER2 amplified disease is HER2 IHC 3+, IHC 2+/in situ hybridization (ISH)+, or next-generation sequencing (NGS) amplified cancer.

- C) The tumor is *RAS* and *BRAF* wild-type; AND
  - D) Patient has tried at least one prior systemic therapy; AND
- Note: Examples are capecitabine/oxaliplatin (CAPEOX), capecitabine with or without bevacizumab, fluorouracil/leucovorin, leucovorin/fluorouracil/oxaliplatin (FOLFOX), leucovorin/fluorouracil/irinotecan (FOLFIRI).
- E) The medication is used in combination with trastuzumab; AND
  - F) The medication is prescribed by or in consultation with an oncologist.

**Dosing.** Approve BOTH of the following (A and B):

- A) An initial one-time dose of 840 mg administered intravenously; AND
- B) Perjeta 420 mg administered intravenously not more frequently than once every 3 weeks.

Note: If the time between two sequential infusions is 6 weeks or greater, the initial Perjeta dose of 840 mg is re-administered.

**CONDITIONS NOT RECOMMENDED FOR APPROVAL**

Coverage of Perjeta is not recommended in the following situations:

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**

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3. 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(9):1290-1300.
4. The NCCN Breast Cancer Clinical Practice Guidelines in Oncology (version 5.2026 – July 7, 2026). © 2026 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed July 27, 2026.
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6. The NCCN Colon Cancer Clinical Practice Guidelines in Oncology (version 2.2026 – April 7, 2026). © 2026 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed July 27, 2026.

7. The NCCN Rectal Cancer Clinical Practice Guidelines in Oncology (version 2.2026 – April 7, 2026). © 2026 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed July 27, 2026.
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## HISTORY

| Type of Revision | Summary of Changes                                                                                                                                                                                                                                                                                                                                                                                                | Review Date |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Annual Revision  | <b>Breast Cancer – Metastatic Disease:</b> Deleted the following criteria based on guideline recommendation: “Patient has not been previously treated with anti-HER2 therapy or chemotherapy for metastatic disease.” Deleted the words “and chemotherapy” along with the examples of chemotherapy in the Note, for the criterion “The medication will be used in combination with trastuzumab and chemotherapy.” | 08/07/2024  |
| Annual Revision  | The policy name was changed from “Oncology (Injectable) – Perjeta UM Medical Policy” to “Oncology (Injectable - HER2 Antagonist) - Perjeta UM Medical Policy.<br><b>Colon or Rectal Cancer:</b> Changed qualifier from HER2-positive to HER2-“amplified” disease. Added Note defining HER2 amplified disease. Added a new requirement that the tumor is <i>RAS</i> and <i>BRAF</i> wild-type.                     | 08/06/2025  |
| Annual Revision  | <b>Appendiceal Cancer:</b> Added new approval condition and criteria.<br><b>Small Bowel Adenocarcinoma:</b> Added new approval condition and criteria.                                                                                                                                                                                                                                                            | 07/29/2026  |