Pertuzumab (Perjeta) Coverage Criteria

Description:

Pertuzumab (Perjeta) is a monoclonal antibody used in the treatment of HER2-positive metastatic breast cancer. It is given via intravenous infusion in combination with trastuzumab (Herceptin) plus chemotherapy.

Policy:

The intent of this policy is to define clinical characteristics to identify patients who qualify for pertuzumab (Perjeta). Pertuzumab (Perjeta) require a prior authorization and will be covered when the criteria have been met.

Pertuzumab (Perjeta) will be covered through Amida Care's medical benefit only.

Prior Authorization Criteria:

I. Pertuzumab (Perjeta) may be considered medically necessary in patients with breast cancer when there is clinical documentation (including, but not limited to chart notes) confirming that criterion A or B below is met:

A. Metastatic Breast Cancer: A diagnosis of HER2-positive metastatic breast cancer when:

i. Pertuzumab (Perjeta) is used concomitantly with trastuzumab (Herceptin) and chemotherapy (e.g. docetaxel)
AND

ii. Pertuzumab (Perjeta) is used in one of the two treatment settings described below:

1. Patient has had no prior therapy for HER2-positive metastatic breast cancer.
OR

2. Patient has received one prior therapy for metastatic breast cancer that included trastuzumab (Herceptin) plus chemotherapy in the absence of pertuzumab (Perjeta).
OR

B. Neoadjuvant Use in Breast Cancer: A diagnosis of HER2-positive locally advanced, inflammatory, or early stage breast cancer when:

i. Pertuzumab (Perjeta) is used preoperatively prior to resection of the breast tumor (neoadjuvant setting).
AND

ii. Pertuzumab (Perjeta) is used concomitantly with trastuzumab (Herceptin) and chemotherapy (e.g. docetaxel).

Note: Pertuzumab (Perjeta) is considered not medically necessary when used in the adjuvant (after surgical resection) HER2-positive breast cancer treatment setting.

Administration and Authorization Period

- Pertuzumab is not considered to be a self-administered medication.
- Authorization may be reviewed at least every 12 months. Authorization is approved and may be reviewed for reauthorization annually. Clinical documentation (including, but not limited to chart notes) must be provided to confirm that current medical necessity criteria are met, and that the medication is providing clinical benefit, such as disease stability or improvement.

References:

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