| Reference number |
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| 1024-AMBST |

# Aetna Medicare Part B Drug Step Criteria

## Perjeta

## Preferred product(s):
## Phesgo (pertuzumab, trastuzumab, and hyaluronidase-zzxf)

This criteria document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization. Step criteria are applied in addition to any applicable National Coverage Determination (NCD), Local Coverage Determination (LCD), and Aetna Medicare Part B Drug Criteria. **Find Aetna Medicare Part B Drug Criteria documents**.

This program applies to Perjeta as specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude use of the preferred product and may be based on previous use of a product. The coverage review process will determine situations where a clinical exception can be made. This program applies to all Medicare members who are new to treatment with a targeted product.

**For the indication(s) listed below (new starts only):**

1. All breast cancer indications

**TABLE. Perjeta**

| Status | Product(s) |
| --- | --- |
| **Preferred*** | Phesgo (pertuzumab, trastuzumab, and hyaluronidase-zzxf) |
| **Non-preferred (targeted)** | Perjeta (pertuzumab) |

*Preferred products may still require a prior authorization review for medical necessity

**EXCEPTION CRITERIA**

Coverage for the targeted product(s) is provided when the member meets one or more of the following criteria:

1. Member has received an authorized dose of the requested product in the past 365 days (does not include samples or doses administered without prior authorization).
2. Documented intolerable adverse event to the preferred product, and the adverse event was not an expected adverse event attributed to pertuzumab as described in the prescribing information (documentation required upon request)
3. The preferred product is contraindicated for the member
4. The request is for a medically necessary indication not listed above

**REFERENCES**


1. Perjeta (pertuzumab) [package insert]. South San Francisco, CA: Genentech, Inc.; February 2021.
2. Phesgo (pertuzumab, trastuzumab, and hyaluronidase-zzxf) [package insert]. South San Francisco, CA: Genentech, Inc.; June 2020.
3. Micromedex [database online]. New York, NY: Thomson Reuters, Inc.; 2019. Available at http://www.micromedexsolutions.com/micromedex2/librarian. Updated periodically. Accessed February 2022



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**DOCUMENT HISTORY**

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See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.
The formulary may change at any time. You will receive notice when necessary.


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