VENTURA COUNTY
HEALTH CARE PLAN

UTILIZATION MANAGEMENT MEDICAL POLICY

POLICY: Oncology (Injectable – HER2 Antagonist) – Phesgo Utilization Management Medical Policy
- Phesgo® (pertuzumab, trastuzumab, and hyaluronidase-zzxf subcutaneous injection – Genentech)

REVIEW DATE: 08/06/2025

OVERVIEW

Phesgo, a combination of pertuzumab, trastuzumab, and hyaluronidase-zzxf, is indicated for the following uses:[1]

- **Early breast cancer**, for use in combination with chemotherapy for the neoadjuvant treatment of adults with human epidermal growth factor receptor 2 (HER2)-positive, locally advanced, inflammatory, or early stage breast cancer (either > 2 cm in diameter or node positive) as part of a complete treatment regimen for early breast cancer. It is also indicated for the adjuvant treatment of adult patients with HER2-positive early breast cancer at high risk of recurrence.
- **Metastatic breast cancer**, for use in combination with docetaxel for the treatment of adults with HER2-positive disease who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease.

Patients should be selected for therapy based on an FDA-approved companion diagnostic test.

Dosing Information

Phesgo is for subcutaneous use only and should not be administered intravenously. It has different dosage and administration instructions than intravenous Perjeta® (pertuzumab intravenous [IV] infusion) and trastuzumab, and subcutaneous trastuzumab when administered alone. Phesgo should not be substituted for or with Perjeta, trastuzumab, Kadcyla® (ado-trastuzumab emtansine IV infusion), or Enhertu® (fam-trastuzumab deruxtecan IV infusion). Phesgo must always be administered by a healthcare professional. The initial dose consists of 1,200 mg pertuzumab, 600 mg trastuzumab, and 30,000 units hyaluronidase in 15 mL. This is administered subcutaneously over approximately 8 minutes. The maintenance dose is administered once every 3 weeks and consists of 600 mg pertuzumab, 600 mg trastuzumab, and 20,000 units hyaluronidase in 10 mL. This is administered subcutaneously over approximately 5 minutes every 3 weeks. No dose adjustments for Phesgo are required for body weight or for a concomitant chemotherapy regimen. For neoadjuvant therapy, administer Phesgo every 3 weeks for 3 to 6 cycles; after surgery, patients should continue to receive Phesgo to complete 1 year of treatment. For adjuvant treatment, administer Phesgo once every 3 weeks for a total of 1 year (up to 18 cycles). For metastatic breast cancer, Phesgo is continued until disease progression or unmanageable toxicity. For missed or delayed doses, if the time between two sequential injections is 6 weeks or more, the initial dose should be re-administered followed by the maintenance dose.

Guidelines

National Comprehensive Cancer Network (NCCN) guidelines for **breast cancer** (version 4.2024 – July 3, 2024) note that Phesgo may be substituted anywhere that the combination of Perjeta IV and trastuzumab IV are given as part of systemic therapy.[2] The guidelines note that Phesgo has different dosing and administration instructions compared with the IV products. For preoperative (neoadjuvant)/adjuvant therapy in HER2-positive disease, docetaxel + carboplatin + trastuzumab + Perjeta is a preferred regimen (category 2A). The guidelines list several chemotherapy regimens that can be used with trastuzumab + Perjeta. In the neoadjuvant/adjuvant setting, HER-2 targeted therapy is given for up to 1 year. In the

metastatic setting, the "Preferred Regimens" are Perjeta + trastuzumab + docetaxel (category 1) or Perjeta + trastuzumab + paclitaxel (category 2A). In this setting, chemotherapy + trastuzumab + Perjeta is continued until disease progression or unmanageable toxicity. It is noted in a footnote that maintenance trastuzumab/Perjeta after response can be given, with concurrent endocrine therapy if estrogen receptor-positive and HER2+ metastatic disease. Under additional considerations, it is noted that patients previously treated with chemotherapy + trastuzumab, in the absence of Perjeta, may be considered for one line of therapy. This therapy may include both trastuzumab + Perjeta in combination with or without cytotoxic chemotherapy. Due to these recommendations, the use of Phesgo in metastatic breast cancer setting has been simplified.

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Phesgo. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indications. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Phesgo as well as the monitoring required for adverse events and long-term efficacy, approval requires Phesgo to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

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

FDA-Approved Indications

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1. **Breast Cancer – Neoadjuvant or Adjuvant Therapy.** Approve for 1 year (total) if the patient meets ALL of the following (A, B, C, and D):
   - **A)** Patient is ≥ 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 are 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 is prescribed by or in consultation with an oncologist.

   Dosing. Approve the following dosing regimen (A and B):
   - **A)** An initial one-time dose of 1,200 mg pertuzumab, 600 mg trastuzumab, and 30,000 units hyaluronidase in 15 mL administered subcutaneously; AND
   - **B)** Maintenance dose of 600 mg pertuzumab, 600 mg trastuzumab, and 20,000 units hyaluronidase in 10 mL administered subcutaneously not more frequently than once every 3 weeks.

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

E) Patient is ≥ 18 years of age; AND
F) Patient has human epidermal growth factor receptor 2 (HER2)-positive disease; AND
G) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve the following dosing regimen (A and B):
A) An initial one-time dose of 1,200 mg pertuzumab, 600 mg trastuzumab, and 30,000 units hyaluronidase in 15 mL administered subcutaneously; AND
B) Maintenance dose of 600 mg pertuzumab, 600 mg trastuzumab, and 20,000 units hyaluronidase in 10 mL administered subcutaneously not more frequently than once every 3 weeks.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Phesgo 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

1. Phesgo® subcutaneous injection [prescribing information]. South San Francisco, CA: Genentech; November 2024.
2. The NCCN Breast Cancer Clinical Practice Guidelines in Oncology (version 4.2025 – April 17, 2025). © 2025 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on August 4, 2025.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes	07/12/2023
Annual Revision	**Breast Cancer – Metastatic Disease:** Deleted the following two criteria based on guideline recommendations: "Patient has not been previously treated with anti-HER2 therapy or chemotherapy for metastatic disease" and "The medication will be used in combination with chemotherapy."	08/07/2024
Annual Revision	The policy name was changed from "Oncology (Injectable) – Phesgo UM Medical Policy" to "Oncology (Injectable - HER2 Antagonist) – Phesgo UM Medical Policy. No criteria changes.	08/06/2025