

## PRIOR AUTHORIZATION POLICY

**POLICY:** Oncology (Oral – HER2 Inhibitor) – Hernexeos Prior Authorization Policy

- Hernexeos® (zongertinib tablets –Boehringer Ingelheim)

**REVIEW DATE:** 08/13/2025; selected revision 09/10/2025

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### OVERVIEW

Hernexeos, a kinase inhibitor, is indicated for the treatment of unresectable or metastatic non-squamous **non-small cell lung cancer (NSCLC)** in tumors that have human epidermal growth factor receptor 2 (HER2) [ErbB-2 receptor tyrosine kinase 2 {ERBB2}] tyrosine kinase domain activating mutations, as detected by an FDA-approved test, in adults who have received prior systemic therapy.<sup>1</sup>

### Guidelines

The NCCN NSCLC guidelines (version 8.2025 – August 15, 2025) recommend Hernexeos or Enhertu® (fam-trastuzumab deruxtecan-nxki intravenous infusion) as the “Preferred” subsequent therapy options (both category 2A) for *ERBB2 (HER2)* mutation-positive disease in both adenocarcinoma and squamous cell carcinoma.<sup>2</sup> Kadcyla® (ado-trastuzumab emtansine intravenous infusion) is recommended as an “Other Recommended” subsequent therapy option (category 2A). Upon subsequent therapy progression, any of the three HER2-directed therapies (Hernexeos, Enhertu, or Kadcyla) can be used, if not received previously. Enhertu and Kadcyla are HER2-targeted antibody-drug-conjugates. The “Preferred” first-line regimens for adenocarcinoma are the following for NSCLC with *HER2 (ERBB2)* mutations: Keytruda® (pembrolizumab intravenous infusion) + carboplatin + pemetrexed; Keytruda + cisplatin + pemetrexed; and Libtayo® (cemiplimab-rwlc intravenous infusion) + pemetrexed + carboplatin or cisplatin (all category 1).

### POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Hernexeos. All approvals are provided for the duration noted below.

**Automation:** None.

### RECOMMENDED AUTHORIZATION CRITERIA

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

#### FDA-Approved Indication

1. **Non-Small Cell Lung 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 unresectable or metastatic disease; AND
  - C) Patient has human epidermal growth factor receptor 2 (HER2) [ERBB2] activating mutation; AND
  - D) The mutation was detected by an approved test; AND
  - E) Patient has received at least one prior systemic therapy.

Note: Examples include checkpoint inhibitors such as Keytruda (pembrolizumab intravenous infusion), Libtayo (cemiplimab-rwlc intravenous infusion), Tecentriq (atezolizumab intravenous infusion), Opdivo (nivolumab intravenous infusion), or Imjudo (tremelimumab-actl intravenous infusion) in combination with chemotherapy (e.g., carboplatin, cisplatin, pemetrexed, paclitaxel,

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albumin-bound paclitaxel, bevacizumab), chemotherapy alone (e.g., docetaxel, gemcitabine, etoposide, vinorelbine, other chemotherapy noted above).

### CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Hernexeos 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. Hernexeos® tablets [prescribing information]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals; August 2025.
2. The NCCN Non-Small Cell Lung Cancer Clinical Practice Guidelines in Oncology (version 8.2025 – August 15, 2025). © 2025 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on August 21, 2025.

### HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	08/13/2025
Update	08/21/2025: Updated overview with new guideline information.	--
Selected Revision	<b>Non-Small Cell Lung Cancer:</b> Deleted “nonsquamous” in reference to disease type.	09/10/2025