Reference number(s)
6917-D

This document applies to the following:

Formulary	Applies
Standard Control (SF)	☑
Standard Control – Choice (SCCF)	☑
Preferred Drug Plan Design (PDPD)	☐
Advanced Control Specialty (ACSF)	☑
Advanced Control Specialty – Choice (ACSCF)	☑
Managed Medicaid Template (MMT)	☐
Marketplace (MF)	☐
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	☐
Aetna Individual Lives (IVL)	☐
Value (VF)	☑
New to Market (NTM)	☐

Formulary	Applies
Standard Formulary Chart (SFC)	☑
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	☐
Advanced Control Specialty Formulary Chart (ACSFC)	☑
Value Formulary Chart (VFC)	☑
Medical Benefit	☐
Medical Benefit: Advanced Biosimilars First	☐
Combined Benefit Medical (CBM)	☐
Medical Benefit: Managed Medicaid (MMMB)	☐
Medicare Part B	☐
Medicare Part B: Advanced Biosimilars First	☐

Exceptions Criteria
Breast Cancer

This document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

These criteria were developed to align with the following: Standard Control Formulary (SF), Standard Control Choice Formulary (SCCF), Advanced Control Specialty Formulary (ACSF), Advanced Control Specialty – Choice Formulary (ACSCF), Value Formulary (VF), Advanced Control Specialty Formulary Chart (ACSFC), Standard Control Formulary Chart (SFC), Value Formulary Chart (VFC).

Plan Design Summary

This program applies to the breast cancer products specified in this document. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred products and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members who are new to treatment with a targeted product for the first time.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. HER2-targeted antibodies

Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

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	Products
Preferred	• Kanjinti (trastuzumab-anns) • Perjeta (pertuzumab) • Phesgo (pertuzumab, trastuzumab, and hyaluronidase-zzxf) • Trazimera (trastuzumab-qyyp)
Target	• Margenza (margetuximab-cmkb)

Exception Criteria

This program applies to members requesting treatment for breast cancer.

Coverage for the targeted product is provided when either of the following criteria is met:

- Member is currently receiving treatment with the targeted product, excluding when the requested targeted product is obtained as samples or via manufacturer's patient assistance programs.
- Member has a documented inadequate response or intolerable adverse event with a trastuzumab and pertuzumab product.

References

1. Kanjinti [package insert]. Thousand Oaks, CA: Amgen Inc.; December 2024.
2. Margenza [package insert]. Rockville, MD: MacroGenics, Inc.; May 2023.
3. Perjeta [package insert]. South San Francisco, CA: Genentech, Inc.; February 2021.
4. Phesgo [package insert]. South San Francisco, CA: Genentech, Inc.; June 2020.
5. Trazimera [package insert]. Cork, Ireland: Pfizer Ireland Pharmaceuticals; November 2020.

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