

Medical Policy:**Phesgo**

Last review date: 10/1/2026

Prior review date: 7/1/2026

Applicable Products:

Perjeta (pertuzumab)

Phesgo (pertuzumab, trastuzumab and hyaluronidase-zzxf)

Initial Approval Criteria:

Coverage may be approved if all of the following are met:

- Patient is 18 years of age or older; **AND**
- Baseline left ventricular ejection fraction (LVEF) is within normal limits; **AND**
- Patient has human epidermal growth factor receptor 2 (HER2)-positive disease; **AND**
- If applicable: Trial and failure, intolerance, or a contraindication to the preferred products as listed in the medical drug list; **AND**

Early Breast Cancer (EBC) (Perjeta, Phesgo)

- Phesgo will be used in combination with chemotherapy for one of the following (A or B):
 - Use as neoadjuvant treatment:
 - Patient has locally advanced; inflammatory, or early-stage breast cancer (either greater than 2cm in diameter or node positive); **OR**
 - Use as adjuvant treatment:
 - Patient has HER2-positive early breast cancer at high risk of recurrence; **OR**

Metastatic Breast Cancer (MBC)

- Patient has not received prior anti-HER2 therapy or chemotherapy for metastatic disease; **AND**
- Will be used in combination with docetaxel

Renewal Criteria:

Coverage may be renewed if all of the following are met:

- Patient continues to meet Initial Approval Criteria; **AND**
- Tumor response with stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity

Length of Authorization:

12 months

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract.