

Reference number(s)
5890-D

This document applies to the following:

Product	Applies
Medicare Part B	<input checked="" type="checkbox"/>
Medicare Part B: Advanced Biosimilars First	<input checked="" type="checkbox"/>

# Medicare Part B Step Therapy Breast Cancer

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

These criteria were developed to align with the following: Medicare Part B and Medicare Part B Advanced Biosimilars First.

## Plan Design Summary

This program applies to the breast cancer products specified in this document. Coverage for the non-preferred product is provided based on clinical circumstances that would exclude the use of the preferred product 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 all members requesting treatment with the non-preferred product.

Step therapy is applied in addition to any applicable National Coverage Determination (NCD), Local Coverage Determination (LCD), and Medicare Part B utilization management (UM) programs implemented for the client.

## Table. HER2-targeted antibodies

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

	Product(s)
Preferred	<ul style="list-style-type: none"> <li>Phesgo (pertuzumab, trastuzumab, and hyaluronidase-zzxf))</li> </ul>
Non-preferred	<ul style="list-style-type: none"> <li>Perjeta (pertuzumab)</li> </ul>

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# Step Therapy Criteria

This program applies to members requesting treatment for breast cancer.

Coverage for the non-preferred product is provided when any of the following criteria is met:

- Member has received treatment with the non-preferred product in the past 365 days.
- Member has had a documented intolerable adverse event to the preferred product, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.

## References

1. Perjeta [package insert]. South San Francisco, CA: Genentech, Inc.; February 2021.
2. Phesgo [package insert]. South San Francisco, CA: Genentech, Inc.; November 2024.