Corporate Medical Policy

Margetuximab-cmkb (Margenza™)

File Name:	margetuximab_margenza
Origination:	1/2021
Last CAP Review:	n/a
Next CAP Review:	8/2021
Last Review:	1/2021

Description of Procedure or Service

Margetuximab-cmkb (Margenza) is a HER2/neu receptor antagonist that is indicated, in combination with chemotherapy, for the treatment of adults with metastatic HER2-positive breast cancer who have received two or more prior anti-HER2 regimens, at least one of which was for metastatic disease.

HER2-positive breast cancer is a breast cancer that tests positive for the protein called human epidermal growth factor receptor 2 (HER2), which promotes the growth of cancer cells. In the presence of too many HER2 proteins, cancer cells are fast multiplying. Immunohisto**c**hemistry (IHC) is the test used to count the number of HER2 receptors. Cancer cells with more than two *HER2* gene copies or too many HER2 receptors are called "HER2 positive." Breast cancer accounts for nearly 1 in 3 cancer diagnoses in women in the U.S., and it is the most common cancer after non-melanoma skin cancer among women. After lung cancer, breast cancer ranks second for cancer mortality. Metastatic breast cancer has a poor prognosis. In a cohort of 3,524 women with de novo Stage IV or relapsed breast cancer diagnosed between 1992 and 2007, the median overall survival was 39.2 months among patients with de novo Stage IV and 27.2 months among patients with relapsed disease (estimates independent of HER2 status). Factors associated with reduced survival for patients with metastatic breast cancer include age ≥50 years, visceral disease, shorter disease-free interval, negative hormone receptor status, and HER2-positive status. Systemic treatment for metastatic breast cancer is mainly palliative. The goals of treatment are to prolong survival, alleviate symptoms, and maintain or improve quality of life. Treatment is primarily with chemotherapeutic and other anti-tumor drugs. The National Comprehensive Cancer Network (NCCN) guidelines on treatment of metastatic breast cancer include specific recommendations for first-line treatment of HER2-positive metastatic breast cancer. All recommended treatment regimens in the guidelines include trastuzumab. Recommended agents that are used as monotherapy or in combination with trastuzumab are paclitaxel, docetaxel, vinorelbine, capecitabine, and carboplatin.

Related Medical Policies:
Ado-Trastuzumab Emtansine (Trastuzumab-DM1) for Treatment of HER-2 Positive Malignancies
Fam-Trastuzumab Deruxtecan-nxki (Enhertu®)
Pertuzumab for Treatment of Malignancies
Trastuzumab (Herceptin®) and Trastuzumab Biosimilars

Related Pharmacy Policies:
Tykerb® (Lapatinib)

******Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.***

Margetuximab-cmkb (Margenza™)

Policy

BCBSNC will provide coverage for margetuximab-cmkb (Margenza) when it is determined to be medically necessary because the medical criteria and guidelines noted below are met.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When Margetuximab-cmkb (Margenza) is covered

Initial Therapy

Margetuximab-cmkb (Margenza) is considered medically necessary for the treatment of adult patients with HER2-positive breast cancer when the following criteria are met:

- The patient has metastatic disease; **and**
- The patient has received prior treatment with two or more anti-HER2-based regimens, at least one in the metastatic setting (e.g., ado-trastuzumab, trastuzumab, pertuzumab, lapatinib); **and**
- The patient will be using margetuximab in combination with systemic chemotherapy.

Initial authorization: 12 months

Continuation Therapy

Continuation of treatment with margetuximab-cmkb (Margenza) beyond 12 months after initiation of therapy, and every 12 months thereafter, is considered medically necessary for the treatment of metastatic HER2-positive breast cancer when the following criteria are met:

1. The patient is currently receiving margetuximab and continues to meet initial criteria; **and**
2. The patient has continued clinical benefit on margetuximab therapy as demonstrated by tumor response or lack of disease progression, and an acceptable toxicity profile.

Use of margetuximab-cmkb (Margenza) may be considered medically necessary for clinical indications not listed above when the drug is prescribed for the treatment of cancer either:

- In accordance with FDA label (when clinical benefit has been established, (see Policy Guidelines); **OR**

- In accordance with specific strong endorsement or support by nationally recognized compendia, when such recommendation is based on strong/high levels of evidence, and/or uniform consensus of clinical appropriateness has been reached.

When Margetuximab-cmkb (Margenza) is not covered

Margetuximab-cmkb (Margenza) is considered **investigational** and therefore not covered when the above criteria are not met.

Margetuximab-cmkb (Margenza) is considered investigational when used for:

1. Non-cancer indications; **OR**

2. When criteria are not met regarding FDA labeling **OR** strong endorsement/support by nationally recognized compendia, as stated under "When Margetuximab-cmkb (Margenza) is covered."

Policy Guidelines

The recommended dosing regimen for Margenza is 15 mg/kg given as an intravenous infusion over 120 minutes for the initial dose, then over a minimum of 30 minutes every 3 weeks for all subsequent doses. Margenza is given every 3 weeks until disease progression or unacceptable toxicity.

Drugs prescribed for treatment of cancer in accordance with FDA label may be considered medically necessary when clinical benefit has been established, and should not be determined to be investigational as defined in Corporate Medical Policy (CMP), "Investigational (Experimental) Services."

Please refer to CMP "Investigational (Experimental) Services" for a summary of evidence standards from nationally recognized compendia.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: *C9999, J3490, J3590, J9999, S0353, S0354*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

MacroGenics, Inc. Margenza (margetuximab-cmkb) for injection, for intravenous use. Highlights of prescribing information. December 2020. Available at: https://www.margenza.com/pdf/prescribing-information.pdf. Last accessed January 2021.

U.S. Food and Drug Administration. FDA approves margetuximab for metastatic HER2-positive breast cancer. December 16, 2020. Available at: https://www.fda.gov/drugs/drug-approvals-and-databases/fda-approves-margetuximab-metastatic-her2-positive-breast-cancer. Last accessed January 2021.

National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology. Breast Cancer, version 1.2021. Revised January 15, 2021. Available at: https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf. Last accessed January 2021.

Medical Director review 1/2021

Policy Implementation/Update Information

1/26/21 New policy developed. Margenza is considered medically necessary for the treatment of adult patients with metastatic HER2-positive breast cancer when specific medical criteria and guidelines are met. Added HCPCS codes C9399, J3490, J3590, J9999, S0353, S0354 to Billing/Coding section. References added. Medical Director review 1/2021. (krc)