

Pertuzumab (Perjeta®)

Criteria for Use

December 2014

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. **THE CLINICIAN SHOULD UTILIZE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.**

The Product Information should be consulted for detailed prescribing information.

See the VA National PBM-MAP-VPE Monograph on this drug at www.pbm.va.gov or <http://vaww.pbm.va.gov> for further information.

Exclusion Criteria If the answer to ANY item below is met, then the patient should NOT receive pertuzumab.

- Unwilling to transfer oncology care to VA provider
- History of non-compliance with follow-up appointments or laboratory visits
- Known hypersensitivity to pertuzumab or any of its excipients (L-histidine acetate, sucrose, polysorbate 20)
- Clinically significant cardiovascular disease defined as:
 - Baseline Left Ventricular Ejection Fraction (LVEF) < 55% via MUGA or echocardiography (<50% if metastatic disease)
 - Uncontrolled hypertension or arrhythmia
 - Myocardial infarction within prior 6 months
 - CHF (NYHA Class 3 or 4)
 - Cumulative prior anthracycline exposure > 360 mg/m² of doxorubicin or its equivalent
- Breast tissue does not overexpress HER2 protein (HER2 positive status defined as IHC 3+ or FISH amplification ratio ≥ 2.0)
- Patient is not a candidate for trastuzumab therapy
- Patient is not a candidate for initial taxane (docetaxel or paclitaxel) therapy
- Eastern Cooperative Oncology Group (ECOG) Performance Status greater than or equal to 2*
- Pregnancy

Inclusion Criteria The answers to the following must be fulfilled in order to meet criteria.

- Metastatic Breast Cancer Setting.** Diagnosis of metastatic breast cancer and has not received prior treatment for metastatic disease (including HER2-directed therapy or chemotherapy) **AND**
- Goals of care and role of Palliative Care consult have been discussed and documented.

OR

- Neoadjuvant Setting.** Diagnosis of operable locally advanced, inflammatory or early stage breast cancer with primary tumor diameter > 2 cm or node positive (See Issues for Consideration).

For women of childbearing potential

- Pregnancy must be excluded prior to receiving pertuzumab and patient provided contraceptive counseling on potential risk vs. benefit of taking pertuzumab if patient were to become pregnant

Dosage and Administration (refer to prescribing information for administration details and dose modifications)

- Pertuzumab loading dose of 840 mg is given as an intravenous (IV) infusion over 60 minutes.
Pertuzumab 420 mg IV over 30-60 minutes is given subsequently, every 3 weeks.
Infusions should be followed by a 30-60 minute observation period before any subsequent therapy.

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Updated versions may be found at <http://www.pbm.va.gov> or <https://vaww.cmopnational.va.gov/cmop/PBM/default.aspx>

- Trastuzumab loading dose of 8 mg/kg is given as an IV infusion over 90 minutes.
Trastuzumab 6 mg/kg IV over 30-90 minutes is given subsequently every 3 weeks.
- Docetaxel should be administered after pertuzumab and trastuzumab; if docetaxel is discontinued, HER2-directed therapy may continue

Pertuzumab and trastuzumab can be given in any order; if holding/discontinuing one HER2-directed agent, the other should be held/discontinued as well

Monitoring

- LVEF at baseline and every 3 months (metastatic setting) or every 6 weeks (neoadjuvant setting)
- Observe patients for infusion-related reactions for 60 minutes following the first infusion and 30 minutes following subsequent infusions
- Observe patients closely for possible hypersensitivity reactions.
- Fever and signs/symptoms of infection
- CBC with differential at baseline and each month
- Pregnancy test prior to initiation of therapy (if child-bearing potential) and as clinically indicated.

Issues for Consideration

- Use of pertuzumab in neoadjuvant setting. FDA-approval is based upon improvement in pathological complete response rate. No data are available with regard to improvement in event-free survival or overall survival. Safety as part of a doxorubicin-containing regimen has not been established. Safety of pertuzumab administered for greater than 6 cycles for early breast cancer has not been established.

* http://www.ecog.org/general/perf_stat.html

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