

POLICY: Margenza Utilization Management Medical Policy

- Margenza™ (margetuximab injection for intravenous use – MacroGenics, Inc.)

EFFECTIVE DATE: 06/01/2021**LAST REVISION DATE:** 02/22/2023**COVERAGE CRITERIA FOR:** All UCare Plans

OVERVIEW

Margenza, a human epidermal growth factor receptor 2 (HER2)/ neu receptor antagonist, in combination with chemotherapy, is indicated for the treatment of metastatic human epidermal growth factor receptor 2 (HER2)-positive breast cancer in adults who have received two or more prior anti-HER2 regimens, at least one of which was for metastatic disease.¹

Guidelines

The National Comprehensive Cancer Network (NCCN) breast cancer guidelines (version 2.2023 – February 7, 2023) recommend Margenza as a fourth-line and beyond treatment for recurrent unresectable (local or regional) or stage IV disease. Margenza should be used in combination with chemotherapy (capecitabine, eribulin, gemcitabine, or vinorelbine). Other fourth-line and beyond therapies include trastuzumab + docetaxel or vinorelbine; trastuzumab + paclitaxel ± carboplatin; capecitabine + trastuzumab or lapatinib; trastuzumab + lapatinib (without cytotoxic therapy); trastuzumab + other chemotherapy agents; and Nerlynx® (neratinib tablets) + capecitabine. NCCN recommends the following therapies as first-line: Perjeta® (pertuzumab intravenous infusion) + trastuzumab + docetaxel; and Perjeta + trastuzumab + paclitaxel. Enhertu® (fam-trastuzumab deruxtecan-nxki intravenous infusion) is the recommended therapy for second-line use. Recommended third-line therapies are Tukysa® (tucatinib tablets) + trastuzumab + capecitabine or Kadcyra® (ado-trastuzumab emtansine intravenous infusion).

Safety

Margenza has a Boxed Warning regarding left ventricular dysfunction and embryo-fetal toxicity.¹ Margenza may lead to reductions in left ventricular ejection fraction; treatment should be discontinued for a confirmed clinically significant decrease in left ventricular function. Exposure to Margenza during pregnancy can cause embryo-fetal harm; patients should be advised of the risk and need for effective contraception.

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Margenza. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Margenza as well as the monitoring required for adverse events and long-term efficacy, approval requires Margenza to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Margenza is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Breast Cancer.** Approve for 1 year if the patient meets the following criteria (A, B, C, D, E, F, and G):

- A) Patient is ≥ 18 years of age; AND
- B) Patient has recurrent or metastatic disease; AND
- C) Patient has human epidermal growth factor receptor 2 (HER2)-positive disease; AND
- D) Patient has tried at least three prior anti-HER2 regimens; AND

Note: Some examples of anti-HER2 regimens are Perjeta (pertuzumab intravenous infusion) + trastuzumab + docetaxel, Perjeta + trastuzumab + paclitaxel, Kadcyla (ado-trastuzumab emtansine intravenous infusion), Enhertu (fam-trastuzumab deruxtecan-nxki intravenous infusion), Tukysa (tucatinib tablets) + trastuzumab + capecitabine, trastuzumab + lapatinib, trastuzumab + docetaxel, trastuzumab + vinorelbine, Nerlynx (neratinib tablets) + capecitabine.

- E) At least one of the prior anti-HER2 regimens was used for metastatic disease; AND

- F) The medication is used in combination with chemotherapy; AND

Note: Examples of chemotherapy are capecitabine, eribulin, gemcitabine, vinorelbine.

- G) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve up to 15 mg/kg administered as an intravenous infusion not more frequently than once every 3 weeks.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Margenza is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Margenza® intravenous infusion [prescribing information]. Rockville, MD: MacroGenics; December 2020.
2. The NCCN Breast Cancer Clinical Practice Guidelines in Oncology (version 2.2023 – February 7, 2023). © 2023 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on February 15, 2023.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	Breast Cancer. A new requirement was added: Patient has recurrent or metastatic disease. The word “metastatic” was removed from the criterion “Patient has metastatic human epidermal growth factor receptor (HER2)-positive disease”; the new criterion reads: Patient has human epidermal growth factor 2 (HER2) – positive disease. The note listing examples of prior anti-HER2 regimens was revised to include additional examples: trastuzumab + docetaxel, trastuzumab + vinorelbine, Nerlynx (neratinib tablets) + capecitabine.	02/09/2022
Annual Revision	Breast Cancer. The number of prior anti-HER2 regimens that the patient must try was changed from two to three regimens.	02/22/2023