

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Phesgo is a combination of pertuzumab and trastuzumab, HER2/neu receptor antagonists, and hyaluronidase, an endoglycosidase, indicated for: Use in combination with chemotherapy as: 1) neoadjuvant treatment of patients with HER2-positive, locally advanced, inflammatory, or early-stage breast cancer (either greater than 2 cm in diameter or node positive) as part of a complete treatment regimen for early breast cancer. 2) adjuvant treatment of patients with HER2-positive early breast cancer at high risk of recurrence. Use in combination with docetaxel for treatment of patients with HER2- positive metastatic breast cancer (MBC) who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease.						
Exclusion Criteria	None.						
Required Medical Information	Medical records supporting the request must be provided, including documentation of prior therapies and responses to treatment.						
Other Criteria	Must follow LCD L37205: Chemotherapy Drugs and their Adjuncts. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=37205&ver=15						
Age Restriction	None.						
Prescriber Restrictions	None.						
Coverage Duration	One year. Dose will be approved according to the FDA-approved labeling or within accepted standards of medical practice.						
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="496 1186 1511 1394"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J9316</td> <td>Phesgo (pertuzumab, trastuzumab, and hyaluronidase-zzxf)</td> <td>Billing unit: 10 mg 60 mg-60 mg-2000 unit/10 mL, 80 mg-40 mg-2000 unit/15 mL SDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J9316	Phesgo (pertuzumab, trastuzumab, and hyaluronidase-zzxf)	Billing unit: 10 mg 60 mg-60 mg-2000 unit/10 mL, 80 mg-40 mg-2000 unit/15 mL SDV
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	5/15/2025	Pharmacy & Therapeutics (P&T) Committee	5/15/2025