

**Margenza<sup>®</sup> (margetuximab-cmkb)**  
**Effective 11/01/2021**

|                              |  |                     |   |
|------------------------------|--|---------------------|---|
| <b>Plan</b>                  | <input type="checkbox"/> MassHealth UPPL<br><input checked="" type="checkbox"/> Commercial/Exchange    | <b>Program Type</b> | <input checked="" type="checkbox"/> Prior Authorization<br><input type="checkbox"/> Quantity Limit<br><input type="checkbox"/> Step Therapy |
| <b>Benefit</b>               | <input type="checkbox"/> Pharmacy Benefit<br><input checked="" type="checkbox"/> Medical Benefit (NLX) |                     |   |
| <b>Specialty Limitations</b> | N/A  |                     |   |
| <b>Contact Information</b>   | <b>Specialty Medications</b>   |                     |   |
|                              | All Plans  | Phone: 866-814-5506 | Fax: 866-249-6155   |
|                              | <b>Non-Specialty Medications</b>   |                     |   |
|                              | MassHealth   | Phone: 877-433-7643 | Fax: 866-255-7569   |
|                              | Commercial   | Phone: 800-294-5979 | Fax: 888-836-0730   |
|                              | Exchange   | Phone: 855-582-2022 | Fax: 855-245-2134   |
|                              | <b>Medical Specialty Medications (NLX)</b>   |                     |   |
|                              | All Plans  | Phone: 844-345-2803 | Fax: 844-851-0882   |
| <b>Exceptions</b>            | N/A  |                     |   |

### Overview

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

### Coverage Guidelines

Authorization may be reviewed for members new to the plan who are currently receiving treatment with Margenza excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

#### OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. Member has a diagnosis of HER2-positive metastatic breast cancer
2. Prescriber specialty is oncology
3. Appropriate dosing
4. Medication will be used in combination with chemotherapy (capecitabine, eribulin, gemcitabine, or vinorelbine)
5. Member has had provider documented inadequate response or adverse reaction to at least two anti-HER-2 based regimens.

### Continuation of Therapy

Reauthorization will be granted if member has not shown signs of excessive toxicity OR disease progression while using Margenza.

**Limitations**

1. Initial approvals and reauthorizations will be granted for 12 months

**References**

1. Margenza [package insert]. Rockville, MD: MacroGenics, Inc.; December 2020.

**Review History**

09/22/2021 – Criteria Created and Reviewed. Effective 11/01/2021.

