Mass General Brigham
Health Plan

Margenza ® (margetuximab-cmkb)
Effective 11/01/2021

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	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.