

## Medical Policy:

### Ziihera (zanidatamab-hrii), intravenous infusion

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.430	February 6, 2025	February 6, 2025

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The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as “EmblemHealth”), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

## Definitions

ZIIHERA is indicated for the treatment of adults with previously treated, unresectable or metastatic HER2-positive (IHC 3+) biliary tract cancer (BTC), as detected by an FDA-approved test.

**Length of Authorization** Coverage will be provided for 6 months and may be renewed.

## Dosing Limits [Medical Benefit]

**Max Units (per dose and over time) [HCPCS Unit]:**

- 2400 mg every 21 days

## Guideline

### I. INITIAL CRITERIA

#### 1. Biliary Tract Cancers (Gallbladder Cancer or Intra-/Extra-Hepatic Cholangiocarcinoma)

- A. Patient is at least 18 years of age; **AND**
- B. Left ventricular ejection fraction (LVEF) is within normal limits prior to initiating therapy and will be assessed at regular intervals during treatment; **AND**

- C. Patient doesn't have untreated or symptomatic central nervous system (CNS) metastases; **AND**
- D. Females of childbearing potential must have a negative pregnancy test prior to the first dose of therapy and will use an effective contraceptive method while receiving therapy and for four months following the last dose of therapy; **AND**
- E. Patient has human epidermal growth factor receptor 2 (HER2)-positive (IHC3+) disease as determined by an FDA-approved or CLIA-compliant test; **AND**
- F. Used as a single agent; **AND**
- G. Used for unresectable or metastatic disease; **AND**
- H. Used as subsequent treatment after at least one prior line of therapy containing a gemcitabine containing regimen.

## II. RENEWAL CRITERIA

### 1. Biliary Tract Cancers (Gallbladder Cancer or Intra-/Extra-Hepatic Cholangiocarcinoma)

Coverage may be renewed based upon the following criteria:

- A. Patient continues to meet the universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in Initial Criteria; **AND**
- B. Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- C. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: left ventricular dysfunction (including symptomatic congestive heart failure), severe infusion related reactions, severe diarrhea, etc.; **AND**
- D. Left ventricular ejection fraction (LVEF) within the previous 3 months as follows:
  - a. LVEF has an absolute decrease of < 16% from baseline; **OR**
  - b. LVEF is > 50% and absolute decrease is < 10% from baseline

## Applicable Procedure Codes

Code	Description
J3590	Not otherwise classified, antineoplastic drugs

## Applicable NDCs

Code	Description
68727-0950-xx	Ziihera 300 mg lyophilized powder in a single-dose vial

## ICD-10 Diagnoses

Code	Description
C22.1	Intrahepatic bile duct carcinoma
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.8	Malignant neoplasm of overlapping sites of biliary tract
C24.9	Malignant neoplasm of biliary tract, unspecified

## Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	02/06/2025	New Policy

## References

1. Ziihera<sup>®</sup> intravenous infusion [prescribing information]. Palo Alto, CA: Jazz; November 2024.