Hernexeos® (zongertinib) (Oral)

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I. Length of Authorization

- Initial: Prior authorization validity will be provided initially for 6 months (180 days).
- Renewal: Prior authorization validity may be renewed every 6 months (180 days) thereafter.

II. Dosing Limits

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

- 180 mg daily

III. Initial Approval Criteria [1]

Prior authorization validity is provided in the following conditions:

- Member is at least 18 years of age; **AND**

Universal Criteria [1]

- Left ventricular ejection fraction (LVEF) is within normal limits prior to initiating therapy and will be assessed at regular intervals (e.g., every 3 months) during treatment; **AND**
- Member will avoid coadministration with strong CYP3A inducers (e.g., rifampin, carbamazepine, St. John's Wort, etc.), or if therapy is unavoidable, the member will be monitored closely for adverse reaction and/or dose modifications will be implemented; **AND**
- Member will have liver function test measured/monitored at baseline and regularly throughout therapy *(i.e., every 2 weeks during the first 12 weeks of treatment, and then monthly thereafter as clinically indicated, with more frequent testing in members who develop transaminase elevations)*; **AND**
- Member does not have a history of or currently have non-infectious interstitial lung disease (ILD) or pneumonitis; **AND**

Non-Small Cell Lung Cancer † ‡ [1,4,5]

- Member has human epidermal growth factor receptor 2 (HER2) *(erythroblastic oncogene B receptor 2-(ERBB2))* tyrosine kinase domain activating mutations as determined by an FDA-approved or CLIA-compliant test❖; **AND**
- Used as single-agent therapy; **AND**

- Member has unresectable, recurrent, advanced, or metastatic disease

❖ *If confirmed using an immunotherapy assay-http://www.fda.gov/companiondiagnostics*

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

IV. Renewal Criteria [1]

Prior authorization validity can be renewed based upon the following criteria:

- Member continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe hepatotoxicity, severe left ventricular dysfunction, interstitial lung disease/pneumonitis, etc.; **AND**
- Left ventricular ejection fraction (LVEF) monitored at regular intervals (e.g., within the previous 3 months) and results are as follows:
  - LVEF is >50%; **OR**
  - LVEF is ≤50% and has not had an absolute decrease of ≥ 10% from pre-treatment baseline

V. Dosage/Administration [1]

Indication	Dose
Non-Small Cell Lung Cancer	The recommended dosage of Hernexeos is based on body weight: • < 90 kg: 120 mg • ≥ 90 kg: 180 mg Take Hernexeos orally once daily until disease progression or unacceptable toxicity.

VI. Billing Code/Availability Information

HCPCS Code(s):

- C9399 – Unclassified drugs or biologicals *(For hospital outpatient use only)*
- J8999 − Prescription drug, oral, chemotherapeutic, Not Otherwise Specified

NDC(s):

- Hernexeos 60 mg tablets: 00597−9257−xx

VII. References

1. Hernexeos [package insert]. Ridgefield, CT; Boehringer Ingelheim, Inc.; February 2026. Accessed March 2026.

2. Heymach J, Opdam F, Barve MA, et al. Phase I Beamion Lung 1 trial of BI 1810631, a HER2 tyrosine kinase inhibitor (TKI), as monotherapy in patients (pts) with advanced/metastatic solid tumors with HER2 aberrations: Updated data. JCO 41, 8545-8545(2023). DOI:10.1200/JCO.2023.41.16_suppl.8545
3. Heymach J, Opdam F, Barve MA, et al. Phase Ia/Ib trial of zongertinib (BI 1810631), a HER2-specific tyrosine kinase inhibitor (TKI), in patients (pts) with HER2 aberration-positive solid tumors: Updated Phase Ia data from Beamion LUNG-1, including progression-free survival (PFS) data.. JCO 42, 8514-8514(2024). DOI:10.1200/JCO.2024.42.16_suppl.8514.
4. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for zongertinib. National Comprehensive Cancer Network, 2026. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed March 2026.
5. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Non-Small Cell Lung Cancer Version 5.2026. National Comprehensive Cancer Network, 2026. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed March 2026.
6. Wolff AC, Hammond EH, Allison KH, et al. Human epidermal growth factor receptor 2 testing in breast cancer: American Society of Clinical Oncology/College of American Pathologists Clinical Practice Guideline Focused Update. J Clin Oncol 2018;36:2105-2122.
7. Heymach JV, Ruiter G, Ahn MJ, et al; Beamion LUNG-1 Investigators. Zongertinib in Previously Treated *HER2*-Mutant Non-Small-Cell Lung Cancer. N Engl J Med. 2025 Jun 19;392(23):2321-2333. doi: 10.1056/NEJMoa2503704. Epub 2025 Apr 28. PMID: 40293180.

Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime's assessment led to for each.

Factor	Conclusion
Indication	Yes: Consider for PA
Safety and efficacy	No: PA not a priority
Potential for misuse/abuse	No: PA not a priority
Cost of drug	Yes: Consider for PA

Appendix 1 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC