Clinical Policy: Zenocutuzumab-zbco (Bizengri)

Reference Number: PA.CP.PHAR.713
Effective Date: 02/2025
Last Review Date: 01/2026

Description

Zenocutuzumab-zbco (Bizengri®) is a bispecific human epidermal growth factor receptor 2 (HER2)- and HER3-directed antibody.

FDA Approved Indication(s)

Bizengri is indicated for the treatment of:

- Adults with advanced, unresectable or metastatic non-small cell lung cancer (NSCLC) harboring a neuregulin 1 (NRG1) gene fusion with disease progression on or after prior systemic therapy.*
- Adults with advanced, unresectable or metastatic pancreatic adenocarcinoma harboring a NRG1 gene fusion with disease progression on or after prior systemic therapy.*

**This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).*

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of PA Health & Wellness® that Bizengri is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Non-Small Cell Lung Cancer (must meet all)**:**

1. Diagnosis of advanced, unresectable, or metastatic NSCLC;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Disease is positive for NRG1 gene fusion;
5. Failure of at least one prior systemic therapy (*see Appendix B for examples*);
6. Left ventricular ejection fraction (LVEF) ≥ 50%;
7. Request meets one of the following (a or b):
   a. Dose does not exceed 750 mg every 2 weeks;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

B. Pancreatic Adenocarcinoma (must meet all)**:**

1. Diagnosis of advanced, unresectable, or metastatic pancreatic adenocarcinoma;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Disease is positive for NRG1 gene fusion;

5. Failure of at least one prior systemic therapy (*see Appendix B for examples*);
6. Left ventricular ejection fraction (LVEF) ≥ 50%;
7. Request meets one of the following (a or b):
   a. Dose does not exceed 750 mg every 2 weeks;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

   Approval duration: 12 months

C. Other diagnoses/indications

1. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

II. Continued Therapy

A. All Indications in Section I (must meet all)**:**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies;
2. Member is responding positively to therapy
3. If request is for a dose increase, request meets one of the following (a or b):
   a. New dose does not exceed 750 mg every 2 weeks;
   b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies.
   Approval duration: Duration of request or 12 months (whichever is less); or
2. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – PA.CP.PMN.53

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

FDA: Food and Drug Administration
HER2: human epidermal growth factor receptor 2
HER3: human epidermal growth factor receptor 3
LVEF: left ventricular ejection fraction
NCCN: National Comprehensive Cancer Network
NRG1: neuregulin 1
NSCLC: non-small cell lung cancer
PD-1: programmed death protein 1
PD-L1: programmed death-ligand 1

Appendix B: Therapeutic Alternatives
This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Examples of NSCLC systemic therapy components: • platinum chemotherapy (e.g. carboplatin, cisplatin) • anti-PD-1/PD-L1 therapy (e.g. Keytruda®, Libtayo®, Opdivo®, Imfinzi®, Tecentriq®) • bevacizumab (Avastin®, Alymsys®, Avzivi®, Mvasi®, Vegzelma™, and Zirabev™) • gemcitabine • taxane chemotherapy (e.g. paclitaxel, docetaxel)	Varies	Varies
Examples of pancreatic adenocarcinoma systemic therapy: • FOLFIRINOX (fluorouracil + leucovorin + irinotecan + oxaliplatin) • NALIRIFOX (liposomal irinotecan + fluorouracil + leucovorin + oxaliplatin) • gemcitabine-based therapy • capecitabine-based therapy • taxane-based chemotherapy (e.g. albumin-bound paclitaxel)	Varies	Varies

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings
- Contraindication(s): none reported
- Boxed warning(s): embryo-fetal toxicity

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
NSCLC, pancreatic adenocarcinoma	750 mg IV every 2 weeks	750 mg/2 weeks

VI. Product Availability

Single-dose vial: 375 mg/18.75 mL (2 vials/carton)

VII. References

1. Bizengri Prescribing Information. Cambridge, MA: Merus US, Inc.; December 2024. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/761352s001lbl.pdf. Accessed November 8, 2025.
2. National Comprehensive Cancer Network Guidelines. Non-Small Cell Lung Cancer Version 1.2026. Available at: https://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf. Accessed November 18, 2025.

3. National Comprehensive Cancer Network Guidelines. Pancreatic Adenocarcinoma Version 2.2025. Available at: https://www.nccn.org/professionals/physician_gls/pdf/pancreatic.pdf. Accessed November 18, 2025.

Coding Implications
Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J9382	Injection, zenocutuzumab-zbco, 1 mg

Reviews, Revisions, and Approvals	Date
Policy created	01/2025
1Q 2026 annual review: extended initial approval duration from 6 to 12 months; added minimum LVEF requirements per labeling; HCPCS code [J9382] and removed codes [J3590, C9399]; references reviewed and updated.	01/2026