CARECONTINUUM™

UTILIZATION MANAGEMENT MEDICAL POLICY

POLICY: Oncology (Injectable) – Bizengri Utilization Management Medical Policy
- Bizengri® (zenocutuzumab-zbco intravenous infusion –Merus/Partner)

REVIEW DATE: 12/03/2025; selected revision 05/13/2026

OVERVIEW

Bizengri, a bispecific human epidermal growth factor receptor 2 and 3 (HER2)- and (HER3)-directed antibody, is indicated for the treatment of: [1]

- Cholangiocarcinoma, advanced, unresectable, or metastatic in adults harboring a neuregulin (NRG1) gene fusion with disease progression on or after prior systemic therapy.
- Non-small cell lung cancer (NSCLC), advanced, unresectable or metastatic, harboring *NRG1* gene fusion with disease progression on or after prior systemic therapy in adults.
- Pancreatic adenocarcinoma, advanced, unresectable or metastatic, harboring a *NRG1* gene fusion with disease progression on or after prior systemic therapy in adults.

The NSCLC and pancreatic adenocarcinoma indications are approved under accelerated approval based on overall response rate and duration of response. Continued approval for these indications may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

Dosing Information

The recommended dose of Bizengri is 750 mg as an intravenous infusion every two weeks until disease progression or unacceptable toxicity.[1]

Guidelines

Bizengri is discussed in guidelines from the National Comprehensive Cancer Network (NCCN):

- **Biliary Tract Cancers**: NCCN guidelines (version 1.2026 – March 10, 2026) recommend Bizengri for unresectable, gross residual (R2), or metastatic cholangiocarcinoma with *NRG1* gene fusions. Single-agent Bizengri is recommended as primary treatment (category 2B) or subsequent treatment (category 2A) under "Useful in Certain Circumstances".[4,5]
- **NSCLC:** NCCN guidelines (version 2.2025 – December 2, 2025) recommend molecular testing for patients with advanced or metastatic disease.[2] Recommendations are given based on the type of mutation or gene fusion. Generally, platinum based therapy such as carboplatin and cisplatin are used and programmed cell death protein 1 (PD)-1 or PD-ligand 1 (PD-L1) blockers are used as systemic therapy. Bizengri is recommended as a subsequent therapy for *NRG1* gene fusion positive recurrent, advanced, or metastatic disease (category 2A).
- **Pancreatic Adenocarcinoma:** NCCN guidelines (version 2.2025 – February 3, 2025) recommend Bizengri for *NRG1* gene fusion positive locally advanced, metastatic, or recurrent disease as subsequent therapy for disease progression on or after prior systemic therapy as "Useful in Certain Circumstances" (category 2A).[3] Bizengri is also recommended for local recurrence in the pancreatic operative bed after resection (category 2A).[4] These recommendations are for patients with good performance status (defined as Eastern Cooperative Oncology Group Performance Status [ECOG PS] 0-1, with good biliary drainage and adequate nutritional intake) or intermediate PS (ECOG 2). For patients with metastatic or advanced disease, some of the "Preferred" first-line regimens include FOLFIRINOX (fluorouracil + leucovorin + irinotecan + oxaliplatin) or a

modified FOLFIRINOX with or without subsequent chemoradiation; and gemcitabine + albumin-bound paclitaxel with or without subsequent chemoradiation.

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Bizengri. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Bizengri as well as the monitoring required for adverse events and long-term efficacy, approval requires Bizengri to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Bizengri is recommended in those who meet one of the following criteria:

FDA-Approved Indications

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1. Cholangiocarcinoma. Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
- **A)** Patient is ≥ 18 years of age; AND
- **B)** Patient has advanced, unresectable, or metastatic disease; AND
- **C)** The disease is neuregulin 1 (*NRG1*) gene fusion positive; AND
- **D)** The medication will be prescribed by or in consultation with an oncologist.

Dosing. Approve 750 mg as an intravenous infusion administered not more frequently than once every 2 weeks.

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2. Non-Small Cell Lung Cancer. Approve for 1 year if the patient meets ALL of the following (A, B, C, D and E):
- **A)** Patient is ≥ 18 years of age; AND
- **B)** Patient has advanced, unresectable, or metastatic disease; AND
- **C)** The disease is neuregulin 1 (*NRG1*) gene fusion positive; AND
- **D)** Patient has tried at least one systemic regimen; AND
  Note: Examples of a systemic regimen include one or more of the following drugs: carboplatin, cisplatin, or programmed cell death protein 1 (PD)-1 or PD-ligand 1 (PD-L1) blockers.
- **E)** The medication will be prescribed by or in consultation with an oncologist.

Dosing. Approve 750 mg as an intravenous infusion administered not more frequently than once every 2 weeks.

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3. Pancreatic Adenocarcinoma. Approve for 1 year if the patient meets ALL of the following (A, B, C, D and E):
- **A)** Patient is ≥ 18 years of age; AND

B) Patient has locally advanced, recurrent, or metastatic disease; AND
C) The disease is neuregulin 1 (*NRG1*) gene fusion positive; AND
D) Patient has tried at least one systemic regimen; AND
Note: Examples of a systemic regimen include one or more of the following drugs: fluorouracil, leucovorin, irinotecan, oxaliplatin, gemcitabine, paclitaxel, capecitabine.
E) The medication will be prescribed by or in consultation with an oncologist.

Dosing. Approve 750 mg as an intravenous infusion administered not more frequently than once every 2 weeks.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Bizengri is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Bizengri® intravenous infusion [prescribing information]. Lexington, MA: Merus/Partner; May 2026.
2. The NCCN Non-Small Cell Lung Cancer Clinical Practice Guidelines in Oncology (version 2.2025 – December 2, 2025). © 2025 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on December 2, 2025.
3. The NCCN Pancreatic Adenocarcinoma Cancer Clinical Practice Guidelines in Oncology (version 2.2025 – February 3, 2025). © 2025 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on December 2, 2025.
4. The NCCN Drugs and Biologics Compendium. © 2026 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed May 11, 2026. Search term: zenocutuzumab-zbco
5. The NCCN Biliary Tract Cancer Clinical Practice Guidelines in Oncology (version 1.2026 – March 10, 2026). © 2026 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on May 11, 2026.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	12/18/2024
Update	Updated the overview section to include updated NCCN guidelines.	12/30/2024
Annual Revision	**Pancreatic Adenocarcinoma**. The requirement that stated, "Patient has advanced, unresectable, or metastatic disease" was changed to state, "Patient has locally advanced, recurrent, or metastatic disease."	12/03/2025
Selected Revision	**Cholangiocarcinoma**: Condition of approval and criteria were added to FDA-approved indication section.	05/13/2026