Medicaid Coverage Polices for Herceptin (trastuzumab) injection

Herceptin (trastuzumab) injection	
Indication	• Adjuvant treatment of HER2 overexpressing node positive or node negative (ER/PR negative or with one high risk feature) breast cancer as part of a treatment regimen consisting of doxorubicin, cyclophosphamide, and either paclitaxel or docetaxel • Adjuvant treatment of HER2 overexpressing node positive or node negative (ER/PR negative or with one high risk feature) breast cancer with docetaxel and carboplatin • Adjuvant treatment of HER2 overexpressing node positive or node negative (ER/PR negative or with one high risk feature) breast cancer as a single agent following multi-modality anthracycline based therapy • In combination with paclitaxel for first-line treatment of HER2-overexpressing metastatic breast cancer • As a single agent for treatment of HER2-overexpressing breast cancer in patients who have received one or more chemotherapy regimens for metastatic disease • In combination with cisplatin and capecitabine or 5-flurouracil, for the treatment of patients with HER2 overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma, who have not received prior treatment for metastatic disease
ICD10 Diagnosis Codes	C50.011-C50.019, C50.111-C50-119, C50.211, C50.219, C50.311-C50.319, C50.411-C50.419, C50.511-C50.519, C50-611-C50.619, C50.811-C50.819, C50.911-C50.919 C50.021-C50.029, C50.121-C50.129, C50.321-C50.329, C50.421-C50.429, C50.521-C50.529, C50.621-C50.629, C50.821-C50.829, C50.921-C50.929
Availability NDC	150 mg single use vial 50242-0132-01, 50242-0132-10
HCSPCS Code	J9355
Prior Authorization Status	Requires a prior authorization Criteria: Enrollee has failed treatment with **<u>two</u>** Trastuzumab biosimilar agents for at least **6 months** due to documented intolerable/significant adverse reactions (**not expected and attributed to the active ingredient described in the prescribing information [e.g., known adverse reactions for both brand and biosimilar product])** (listed below are FDA approved biosimilar products, new market entrants apply) o Herzuma (trastuzumab-pkrb) (Q5113) o Kanjinti (trastuzumab-anns) (Q5117) o Ogivri (trastuzumab-dkst) (Q5114) o Ontruzant (trastuzumab-dttb) (Q5112) o Trazimera (trastuzumab-gyyp) (Q5116)