



Medicaid Coverage Policies for Herceptin (trastuzumab) injection

Herceptin (trastuzumab) injection	
Indication	<ul style="list-style-type: none">• 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-fluorouracil, 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	Multi-use vial containing 440 mg trastuzumab as a lyophilized sterile powder NDC 50242-0134-68
HCSPCS Code	J9355
Prior Authorization Status	Does not require a prior authorization