

Medicaid Coverage Polices for Perjeta (pertuzumab) injection

Perjeta (pertuzumab) injection	
Indication	 In combination with trastuzumab and docetaxel for the treatment of patients with HER2-positive metastatic breast cancer who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease In combination with trastuzumab and chemotherapy for the neoadjuvant treatment of patients with HER2-positive, locally advanced, inflammatory, or early stage breast cancer (either greater than 2 cm in diameter or node positive) as part of a complete treatment regimen for early breast cancer In combination with trastuzumab and chemotherapy for the adjuvant treatment of patients with HER2-positive early breast cancer at high risk of recurrence
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	420 mg/14 mL (30 mg/mL) single-dose vial containing preservative-free solution NDC 50242-0145-01
HCSPCS Code	J9306
Prior Authorization Status	Does not require a prior authorization