PHARMACY POLICY STATEMENT
Marketplace

DRUG NAME	Trastuzumab (Herceptin, Herzuma, Kanjinti, Ogivri, Ontruzant, Trazimera)
BILLING CODE	See below
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Office/Outpatient
STATUS	Prior Authorization Required

Trastuzumab was initially approved by the FDA in 1998 as Hereptin for intravenous administration and in 2019 as Herceptin Hylecta for subcutaneous administration. Since then, the FDA approved Ogivri (2017), Herzuma, (2018), Ontruzant (2019), Kanjinti (2019), and Trazimera (2019) as biosimilars to intravenous Herceptin. Bevacizumab is approved for use in breast cancer and for metastatic gastric cancer.

All oncology treatments, including trastuzumab, must be submitted to Eviti Connect for review via the NantHealth Eviti Connect portal. For additional information and details, please refer to the CareSource policy statement "Oncology Treatment Regimen Review."

The following table lists the status and billing codes of the trastuzumab products. Approval of non-preferred products requires intolerance to all preferred products.

Preferred Products	Non-Preferred Products
• Kanjinti – Q5117 • Trazimera – Q5116	• Herceptin – J935 • Herceptin Hylecta – J9356 • Herzuma – Q5113 • Ogivri – Q5114 • Ontruzant – Q5112

DATE	ACTION/DESCRIPTION
05/24/2022	New policy for trastuzumab products created outlining preferred/non-preferred biosimilar products

References:

1. Herceptin. Package insert. Genentech Inc; 2018.
2. Herzuma. Package insert. Celltrion Inc; 2019.
3. Kanjinti. Package insert. Amgen Inc; 2019.
4. Ogivri. Package insert. Mylan; 2019.
5. Ontruzant. Package insert. Samsung Bioepis Co Ltd; 2020.
6. Trazimera. Package insert. Pfizer Inc; 2019.

Effective date: 06/01/2022
Revised date: 05/24/2022