PHARMACY POLICY STATEMENT
TRICARE

DRUG NAME	Trastuzumab (Herceptin, Herzuma, Kanjinti, Ogivri, Ontruzant, Trazimera)
BENEFIT TYPE	Medical
STATUS	Prior Authorization Required

Trastuzumab was initially approved by the FDA in 1998 as Hereptin. Since then, the FDA approved Ogivri (2017), Herzuma, (2018), Ontruzant (2019), Kanjinti (2019), and Trazimera (2019) as biosimilars to 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 TrueCare 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
• Ontruzant • Trazimera	• Herceptin • Herzuma • Ogivri • Kanjinti

DATE	ACTION/DESCRIPTION
03/28/2024	New policy for trastuzumab products, including biosimilars, created.

References:

1. Herceptin. Package insert. Genentech Inc; 2021.
2. Herzuma. Package insert. Celltrion Inc; 2019.
3. Kanjinti. Package insert. Amgen Inc; 2022.
4. Ogivri. Package insert. Mylan; 2023.
5. Ontruzant. Package insert. Samsung Bioepis Co Ltd; 2021.
6. Trazimera. Package insert. Pfizer Inc; 2020.
7. 2021 Georgia Code Title 33 – Insurance Chapter 20A - Managed Health Care Plans Article 2 - Patient's Right to Independent Review § 33-20A-31 Definitions. Justia US Law. Accessed April 25, 2023. https://law.justia.com/codes/georgia/2021/title-33/chapter-20a/article-2/section-33-20a-31/.

Effective date: 01/01/2026
Revised date: 03/28/2024