Medical Policy:
Trastuzumabs

Last review date: 6/20/2024

Applicable Products:	
Herceptin (trastuzumab)	Kanjinti (trastuzumab-anns)
Herceptin Hylecta (trastuzumab and hyaluronidase-oysk)	Ogivri (trastuzumab-dkst)
Hercessi (trastuzumab-strf)	Ontruzant (trastuzumab-dttb)
Herzuma (Trastuzumab-pkrb)	Trazimera (trastuzumab-qyyp)

Initial Approval Criteria:
Coverage may be approved if all of the following are met:

- Must be age 18 years or older; **AND**
- Disease-specific criteria; **AND**
- If applicable: Trial and failure, intolerance, or a contraindication to the preferred products as listed in the medical drug list

Adjuvant Breast Cancer (Herceptin Hylecta, Hercessi, Herzuma, Kanjinti, Ogivri, Ontruzant, Trazimera)

- Patient has HER2 overexpressing node positive or node negative (ER/PR negative or with one high risk feature) breast cancer; **AND**
- Agent will be used as one of the following:
    - Part of a treatment regimen consisting of doxorubicin, cyclophosphamide, and either paclitaxel or docetaxel
    - Part of a treatment regimen with docetaxel and carboplatin
    - As a single agent following multi-modality anthracycline based therapy

Metastatic Breast Cancer (Herceptin Hylecta, Hercessi, Herzuma, Kanjinti, Ogivri, Ontruzant, Trazimera)

- In combination with paclitaxel for first-line treatment of HER2-overexpressing metastatic breast cancer; **OR**
- As a single agent for treatment of HER2-overexpressing breast cancer in patients who have received one or more chemotherapy regimens for metastatic disease

Metastatic Gastric Cancer (Herceptin, Hercessi, Herzuma, Kanjinti, Ogivri, Ontruzant, Trazimera)

- Patient has a diagnosis of HER2-overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma; **AND**
- Used in combination with cisplatin and capecitabine or 5-fluorouracil; **AND**
- Patient has not received prior treatment for metastatic disease

Renewal Criteria:
Coverage may be renewed if all of the following are met:

- Patient continues to meet Initial Approval Criteria; **AND**
- Absence of unacceptable toxicity

Length of Authorization:
12 months

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract.