Mass General Brigham
Health Plan

Herceptin (trastuzumab)
Herceptin Hylecta(trastuzumab-hyluronidase-oysk)
Herzuma (trastuzumab-pkrb)
Ontruzant (trastuzumab-dttb)
Trazimera (trastuzumab-qyyp)
Effective 01/01/2022

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Trastuzumab is a monoclonal antibody which binds to the extracellular domain of the human epidermal growth factor receptor 2 protein (HER-2); it mediates antibody-dependent cellular cytotoxicity by inhibiting proliferation of cells which overexpress HER-2 protein.

No PA required	PA required
Ogivri	Herceptin
Kanjinti	Ontruzant
	Trazimera
	Herceptin Hylecta
	Herzuma

Coverage Guidelines

Authorization may be reviewed for members new to the plan who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. The member has ONE of the following diagnosis:

a. HER2-overexpressing breast cancer
b. HER2-overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma

2. The member meets ONE of the following
    a. The member has had adverse effect or intolerance attributed to the active ingredient of at least Ogivri and Kanjinti
    b. Documentation that the member has a contraindication attributed to Ogivri and Kanjinti

Continuation of Therapy

Reauthorization requires physician documentation of improvement of member's condition.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months.

References

1. Herceptin [package insert]. South San Francisco, CA: Genentech, Inc.; November 2018.
2. Kanjinti [package insert]. Thousand Oaks, CA: Amgen, Inc.; June 2019.
3. Ogivri [package insert]. Zurich, Switzerland: Mylan GmbH; December 2017.
4. The NCCN Drugs & Biologics Compendium® © 2019 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed January 26, 2019.
5. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Breast Cancer. Version 3.2018. https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf. Accessed January 26, 2019.
6. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Esophageal and Esophagogastric Junction Cancers. Version 2.2018. https://www.nccn.org/professionals/physician_gls/pdf/esophageal.pdf. Accessed January 26, 2019.
7. Trazimera (trastuzumab-qyyp) [prescribing information]. New York, NY: Pfizer Labs; November 2019.
8. Herzuma (trastuzumab-pkrb) [prescribing information]. North Wales, PA: Teva Pharmaceuticals USA Inc; May 2019.

Review History

11/18/2020 – Created for Comm/Exch preferred strategy. Effective 1/1/20
11/17/2021 – Updated and Reviewed for Nov P&T; Effective 1/1/2022.