PHARMACY POLICY STATEMENT
Indiana Medicaid

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 Herceptin. 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 CareSource policy V W D W H P H Q W ³ 2 Q F R O R J \ 7 U H D W P H Q W 5 H J L P H Q 5 H Y L H Z

The approval of Herceptin, Herzuma, Ogivri and Kanjinti requires a trial of Ontruzant and Trazimera.

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.