

PHARMACY POLICY STATEMENT Ohio 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 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 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
Ontruzant	Herceptin
 Trazimera 	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. Ohio Administrative Code. (2022, February 23). 5160-1-01 (C) Medicaid medical necessity: definitions and principles. Retrieved February 22 2023 from codes.ohio.gov.
- 8. Ohio Administrative Code. (2022, July 18). 5160-26-03 Managed care: covered services. Retrieved February 22, 2023 from codes.ohio.gov.
- 9. Ohio Administrative Code. (2020, January 1). 5160-9-03 Pharmacy services: covered drugs and associated limitations. Retrieved February 22, 2023 from codes.ohio.gov.

Effective date: 07/01/2024 Revised date: 03/28/2024