This policy applies to the following:

	Standard Control (SF)		Managed Medicaid Template (MMT)		ACSF Chart (ACSFC)		Medical Benefit		Medicare Part B
	Preferred Drug Plan Design (PDPD)		Marketplace (MF)		SF Chart (SFC)		Medical Benefit: Biosimilars First	✓	Medicare Part B: Advanced Biosimilars First
	Advanced Control Specialty (ACSF)		New to Market (NTM)		VF Chart (VFC)		Medical Benefit: Add-on		
	Value (VF)		Aetna Health Exchange (AHE)				Medical Benefit: Managed Medicaid		
			IVL						

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5269-D

EXCEPTIONS CRITERIA
TRASTUZUMAB PRODUCTS

PREFERRED PRODUCTS: KANJINTI, OGIVRI, AND TRAZIMERA

POLICY
This policy informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

I. PLAN DESIGN SUMMARY
This program applies to the trastuzumab products specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members who are new to treatment with a targeted product for the first time.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Trastuzumab Products

	Product(s)
Preferred*	• **Kanjinti** (trastuzumab-anns) • **Ogivri** (trastuzumab-dkst) • **Trazimera** (trastuzumab-qyyp)
Targeted	• **Herceptin** (trastuzumab) • **Herceptin Hylecta** (trastuzumab and hyaluronidase-oysk) • **Herzuma** (trastuzumab-pkrb) • **Ontruzant** (trastuzumab-dttb)

*: Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

II. EXCEPTION CRITERIA

Coverage for a targeted product is provided when either of the following criteria is met:

A. Member has received treatment with the requested targeted product in the past 365 days
B. Member has had a documented intolerable adverse event to all of the preferred products, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar products).

This policy applies to the following:

	Standard Control (SF)		**Managed Medicaid Template (MMT)**		**ACSF Chart (ACSFC)**		**Medical Benefit**		**Medicare Part B**
	Preferred Drug Plan Design (PDPD)		**Marketplace (MF)**		**SF Chart (SFC)**		**Medical Benefit: Biosimilars First**	✓	**Medicare Part B: Advanced Biosimilars First**
	Advanced Control Specialty (ACSF)		**New to Market (NTM)**		**VF Chart (VFC)**		**Medical Benefit: Add-on**		
	Value (VF)		**Aetna Health Exchange (AHE)**				**Medical Benefit: Managed Medicaid**		
			IVL						

Reference #
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