



## **MVP Health Care Medicaid Medical Policy**

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### **Herceptin (trastuzumab)- Medicaid**

**Type of Policy:** Medical

**Prior Approval Date:** 02/01/2025

**Approval Date:** 04/01/2026

**Effective Date:** 06/01/2026

**Related Policies:** Experimental or Investigational Procedures Experimental or Investigational Procedures, Behavioral Health Services, Drugs and Treatments, Off-Label use of FDA Approved Drugs, and Clinical Trials Policy

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#### **Codes covered under the medical benefit**

J9355 Injection, trastuzumab, excludes biosimilar, 10 mg

#### **Administration Codes**

96413 Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug

96415 Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure). Use 96415 in conjunction with 96413.

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#### **Overview**

Herceptin (trastuzumab) is a recombinant DNA-derived humanized IgG1 kappa monoclonal antibody against the HER2 protein. It is indicated for the treatment of gastric cancer and breast cancer.

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#### **Indications/Criteria**

- On label use of Herceptin is covered under the member's medical benefit and is subject to retro-review.

- Herceptin when used for a cancer diagnosis is subject to prior authorization per the MVP Cancer Guidance Program.
  - Off label use is subject to prior authorization and must meet MVP's clinical coverage criteria for Experimental or Investigational Procedures Experimental or Investigational Procedures, Behavioral Health Services, Drugs and Treatments, Off-Label use of FDA Approved Drugs, and Clinical Trials Policy.
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## **References**

1. Herceptin (trastuzumab) for injection, for intravenous use [prescribing information]. San Francisco, CA; Genentech, INC. June 2024.