



MVP Health Care Medicaid Medical Policy

Perjeta (pertuzumab)- 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

Codes covered under the medical benefit

J9306 Injection, pertuzumab, 1 mg

Administration Codes

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

Overview

Perjeta (pertuzumab) is a humanized recombinant monoclonal antibody that blocks ligand dependent heterodimerization of human epidermal growth factor receptor-2 (HER2) as well as other epidermal growth factor receptors which results in the inhibition of intracellular signaling pathways leading to cell growth arrest and apoptosis. It is indicated for first-line treatment of HER2 positive metastatic breast cancer in combination with trastuzumab and docetaxel.

Indications/Criteria

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

- Perjeta 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. Perjeta (pertuzumab) injection, for intravenous use [prescribing information]. San Francisco, CA; Genentech, INC. June 2025