



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

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### **Perjeta (pertuzumab)- Medicaid**

**Type of Policy:** Medical

**Prior Approval Date:** 11/01/2023

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

**Effective Date:** 04/01/2025

**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**

J9306 Injection, pertuzumab, 1 mg

#### **Administration Codes**

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

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#### **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.

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#### **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. February 2021.