



VNSNY CHOICE SelectHealth Plan Medical Benefit Drug Policy

HERCEPTIN® (TRASTUZUMAB)

COVERAGE RATIONALE

Herceptin (trastuzumab) for IV infusion is FDA indicated for:

- The treatment of HER2-overexpressing breast cancer.
- The treatment of HER2-overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma.

APPLICABLE CODES

Coverage of this medication is available under the member’s medical benefit via the buy-and-bill process for provider-administered drugs. The following list(s) of procedure codes is provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment.

HCPCS Code	Description
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg
CPT Administration Codes	Description
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)
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)

BACKGROUND

Trastuzumab is a humanized IgG1 kappa monoclonal antibody that selectively binds with high affinity to the extracellular domain of the human epidermal growth factor receptor 2 protein, HER2. Herceptin is a mediator of antibody-dependent cellular cytotoxicity (ADCC). In vitro, Herceptin-mediated ADCC has been shown to be preferentially exerted on HER2 overexpressing cancer cells compared with cancer cells that do not overexpress HER2.

Herceptin®[package insert]. South San Francisco, CA: Genentech, Inc., October 2019