



**Herzuma
Ogivri
Effective January 1, 2021**

Plan	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
Exchange	Phone: 855-582-2022	Fax: 855-245-2134	
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Herceptin, Herceptin Hylecta, Kanjinti and Trazimera are considered preferred medications for AllWays Health Partners and are covered without prior authorization.

Members and providers seeking coverage for Herzuma and/or Ogivri must meet the following criteria.

Coverage Guidelines

Authorization may be granted for members new to AllWays Health Partners who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs

OR

Authorization may be granted when the following criteria is met and supporting documentation has been submitted:

1. The member has a diagnosis of one of the following:
 - a. HER2-overexpressing breast cancer
 - b. HER2-overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma
2. The member has a documented intolerance, inadequate response or contraindication to ALL of the following preferred medications*:
 - a. Herceptin/ Herceptin Hylecta
 - b. Kanjinti
 - c. Trazimera

*Requests where the documented intolerable adverse events are an expected adverse event attributed to the active ingredient as described in the prescribing information will not be approved.

**Limitations**

Approvals will be granted for up to 1 year

Review History

01/01/21 – Implemented Specialty Exceptions Criteria

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.