

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

Herceptin Hylecta (trastuzumab; hyaluronidase-oysk)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Herceptin Hylecta (trastuzumab; hyaluronidase-oysk)

APPROVAL CRITERIA

Requests for Herceptin Hylecta (trastuzumab; hyaluronidase-oysk) may be approved when the following criteria is met:

- I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and intolerance to Herceptin (trastuzumab); **OR**
- II. Individual is currently stabilized on Herceptin Hylecta (trastuzumab; hyaluronidase-oysk).

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: July 2, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

CRX-ALL-0551-20

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

5. NCCN Drugs & Biologics Compendium (NCCN Compendium®) 2019 National Comprehensive Cancer Network, Inc. Available at: www.NCCN.org. Updated periodically.

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