

HERCEPTIN HYLECTA
(trastuzumab and hyaluronidase-oysk)

Pre - PA AllowanceNone

Prior-Approval Requirements**Age** 18 years of age or older**Diagnosis**

Patient must have the following:

HER2- overexpressing breast cancer

AND ALL of the following:

1. HER2 protein overexpression or HER2 gene amplification as confirmed by an FDA-approved test
2. Prescriber agrees to monitor for cardiac function and pulmonary toxicity
3. Females of reproductive potential will be advised to use effective contraception during treatment and for 7 months following the last dose
4. Inadequate treatment response, intolerance, or contraindication to **ONE** of the preferred products (Kanjinti, Ogivri, Ontruzant)

Prior - Approval Limits**Duration** 12 months

Prior – Approval *Renewal* Requirements**Age** 18 years of age or older**Diagnosis**

Patient must have the following:

HER2- overexpressing breast cancer

AND ALL of the following:

1. Prescriber agrees to monitor for cardiac function and pulmonary toxicity
2. Females of reproductive potential will be advised to use effective contraception during treatment and for 7 months following the last dose

Prior - Approval *Renewal* Limits

Same as above