Kanjinti *(trastuzumab-anns)*

PA Criteria	Criteria Details
Covered Uses (FDA approved indication)	Kanjinti is a biosimilar to the reference product, Herceptin, indicated for the treatment of HER2-overexpressing adjuvant and metastatic breast cancer and HER2-overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma.
Exclusion Criteria	None.
Required Medical Information	Medical records supporting the request must be provided, including documentation of prior therapies and responses to treatment.
Other Criteria	Must follow LCD L37205: Chemotherapy Drugs and their Adjuncts. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=37205&ver=15
Age Restriction	None.
Prescriber Restrictions	None.
Coverage Duration	One year. Dose will be approved according to the FDA-approved labeling or within accepted standards of medical practice.
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document.

HCPCS	Description	Billing Units/How Supplied
Q5117	Kanjinti (trastuzumab-anns) biosimilar	**Billing unit: 10 mg** 150 mg, 420 mg SDV

STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	5/15/2025	Pharmacy & Therapeutics (P&T) Committee	5/15/2025