

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Margenza is a receptor antagonist that targets HER2 receptors on tumor cells that overexpress the protein, preventing further cell growth, ultimately leading to programmed cell death.						
Exclusion Criteria	None.						
Required Medical Information	Medical records supporting the request must be provided.						
Other Criteria	Must follow LCD L37205: Chemotherapy Drugs and their Adjuncts. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdld=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. <table border="1" data-bbox="496 961 1511 1108"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J9353</td> <td>Margenza (margetuximab-cmkb)</td> <td>Billing unit: 5 mg 250 mg/10 mL SDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J9353	Margenza (margetuximab-cmkb)	Billing unit: 5 mg 250 mg/10 mL SDV
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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