Clinical Policy: Ado-Trastuzumab (Kadcyla)

Reference Number: PA.CP.PHAR.229
Effective Date: 01/2018
Last Review Date: 04/2025

Description
Ado-trastuzumab emtansine (Kadcyla®) is a human epidermal growth factor receptor 2 protein (HER2)-targeted antibody and microtubule inhibitor conjugate.

FDA Approved Indication(s)
Kadcyla is indicated as a single agent for the:

- Adjuvant treatment of patients with HER2-positive early breast cancer who have residual invasive disease after neoadjuvant taxane and trastuzumab-based treatment.
- Treatment of patients with HER2-positive, metastatic breast cancer who previously received trastuzumab and a taxane, separately or in combination. Patients should have either:
  - Received prior therapy for metastatic disease, or
  - Developed disease recurrence during or within six months of completing adjuvant therapy.

Policy/Criteria
It is the policy of PA Health & Wellness® that Kadcyla is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Breast Cancer (must meet all):
1. Diagnosis of HER2-positive breast cancer;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Prescribed as a single-agent;
5. One of the following (a or b):
   a. Documentation of prior use of trastuzumab-based therapy and a taxane;
   b. Kadcyla prescribed as adjuvant treatment;
6. Request meets one of the following (a, b, or c):
   a. As adjuvant treatment: Dose does not exceed 3.6 mg/kg every 21 days for a maximum of 14 doses;
   b. For metastatic treatment: Dose does not exceed 3.6 mg/kg every 21 days;
   c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 6 months

B. Additional NCCN Recommended Uses (off-label) (must meet all):
1. Diagnosis of one of the following (a, b or c):
   a. Recurrent, advanced, or metastatic HER2-positive non-small cell lung cancer (NSCLC);
   b. Salivary gland tumor and meets both of the following (i and ii):
      i. Disease is HER2-positive;
      ii. Disease is recurrent, unresectable, or metastatic;

c. Other category 1, 2A, or 2B NCCN-recommended uses not listed;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Prescribed as a single agent for NSCLC or Salivary gland tumor;
5. Request meets one of the following (a or b):
   a. Dose does not exceed 3.6 mg/kg every 21 days;
   b. Requested dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 6 months

C. Other diagnoses/indications: Refer to PA.CP.PMN.53

II. Continued Approval

A. All Indications in Section I (must meet all)**:**

1. Currently receiving medication via PA Health & Wellness benefit or member has previously met all initial approval criteria; or the Continuity of Care policy (PA.PHARM.01) applies;
2. Member is responding positively to therapy;
3. If request is for a dose increase, request meets one of the following (a, b, or c):
   a. As adjuvant treatment for breast cancer: New dose does not exceed 3.6 mg/kg every 21 days for a maximum of 14 doses;
   b. For all other indications: New dose does not exceed 3.6 mg/kg every 21 days;
   c. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

B. Other diagnoses/indications (1 or 2)**:**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy; or the Continuity of Care policy (PA.PHARM.01) applies;
   Approval Duration: Duration of request or 6 months (whichever is less); or
2. Refer to PA.CP.PMN.53

III. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
FDA: Food and Drug Administration
HER2: human epidermal growth factor receptor 2 protein
NSCLC: non-small cell lung cancer

Appendix B: Therapeutic Alternatives
Not applicable

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): none reported
- Boxed warning(s): hepatotoxicity, cardiac toxicity, and embryo-fetal toxicity

IV. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Breast cancer	*Adjuvant therapy for early breast cancer with residual disease* 3.6 mg/kg IV Q3WK (21-day cycle) for a total of 14 cycles unless there is disease recurrence or unmanageable toxicity. *Metastatic breast cancer* 3.6 mg/kg IV Q3WK (21-day cycle) until disease progression or unmanageable toxicity.	3.6 mg/kg

V. Product Availability

Single-use vial: 100 mg, 160 mg

VI. References

1. Kadcyla Prescribing Information. South San Francisco, CA: Genentech, Inc.; July 2024. Available athttps://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=23f3c1f4-0fc8-4804-a9e3-04cf25dd302e Accessed January 13, 2025.
2. Ado-trastuzumab emtansine. In: National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at: http://www.nccn.org/professionals/drug_compendium. Accessed January 27, 2025.
3. Minckwitz GV, Huang CS, Mano MS, et al. Trastuzumab emtansine for residual invasive HER2-positive breast cancer. N Engl J Med 2019;380:617-28.
4. National Comprehensive Cancer Network Guidelines. Breast Cancer Version 2.2023. Available at https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf. Accessed January 27, 2025.

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J9354	Injection, ado-trastuzumab emtansine, 1 mg

Reviews, Revisions, and Approvals	Date
2Q 2018 annual review;; summarized NCCN and FDA approved uses for improved clarity; added specialist involvement in care; off-label NSCLC added; references reviewed and updated.	02/2018
2Q 2019 annual review: references reviewed and updated.	04/2019

Reviews, Revisions, and Approvals	Date
2Q 2020 annual review: added criteria for Breast Cancer to align with FDA labeling language; added dosing information for adjuvant therapy in early breast cancer with residual disease; references reviewed and updated.	04/2020
2Q 2021 annual review: combined NSCLC and new off-label salivary gland tumor indications supported by NCCN into one off-label section under I.B.; references reviewed and updated.	04/2021
2Q 2022 annual review: added criterion for single-agent therapy for off-label indications of NSCLC and salivary gland tumor per NCCN; references reviewed and updated.	04/2022
2Q 2023 annual review: no significant changes; clarified for NSCLC that disease is recurrent, advanced, or metastatic per NCCN; references reviewed and updated.	04/2023
2Q 2024 annual review: no significant changes; references reviewed and updated.	04/2024
2Q 2025 annual review: added bypass of prior use of trastuzumab-based therapy and a taxane if prescribed in the adjuvant setting per NCCN; references reviewed and updated.	04/2025