Medical Policy:
Kadcyla® (ado-trastuzumab emtansine) Intravenous

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.88	February 15, 2024	

Length of Authorization

Coverage will be provided for 6 months and may be renewed.

Dosing Limits [Medical Benefit]

Max Units (per dose and over time):

- 480 billable units every 21 days

Guideline

I. Initial Approval Criteria

Coverage is provided in the following conditions:

1. Patient at least 18 years old; **AND**
2. Patient's disease is human epidermal growth factor receptor 2 (HER2)-positive*; **AND**
3. Baseline left ventricular ejection fraction (LVEF) within normal limits; **AND**

1. Breast cancer †

A. Must be used as single agent therapy; **AND**

B. Patient's cancer is metastatic or recurrent; **AND**

i. Patient was previously treated with trastuzumab and a taxane (separately or in combination)

OR

C. Kadcyla is being used as adjuvant treatment of patients with HER2-positive early breast cancer who have residual invasive disease after neoadjuvant taxane and trastuzumab-based treatment

2. Non-Small Cell Lung Cancer ‡

A. Patient has ERBB2 (HER2) mutation positive disease as determined by an FDA-approved or CLIA-complaint test; **AND**

B. Patient has recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy

*****HER2 positive overexpression criteria:
• Immunohistochemistry (IHC) assay 3+; **OR** • Fluorescence in situ hybridization (FISH) assay ≥2.0 (HER2/CEP17 ratio); **AND** average HER2 copy number ≥4.0 signals/cell; **OR** • Dual-probe in situ hybridization (ISH) assay AND concurrent IHC indicating one of the following: o HER2/CEP17 ratio ≥ 2.0 AND average HER2 copy number < 4.0 signals/cell AND concurrent IHC 3+;OR o HER2/CEP17 ratio < 2.0 AND average HER2 copy number ≥ 6.0 signals/cell AND concurrent IHC 2+or 3+; OR o HER2/CEP17 ratio < 2.0 AND average HER2 copy number ≥ 4.0 and < 6.0 signals/cell AND concurrent IHC 3+

† FDA approved indication(s), **‡** Compendia Recommended Indication(s)

II. Renewal Criteria

Authorizations can be renewed based on the following criteria:

1. Patient continues to meet the criteria noted in section I; **AND**
2. Tumor response with stabilization of disease or decrease in size of tumor; **AND**
3. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: hepatotoxicity; left ventricular dysfunction; pulmonary toxicity (i.e. pneumonitis); thrombocytopenia; neurotoxicity; infusion-related and hypersensitivity reactions; hemorrhage; extravasation at infusion site; etc.; **AND**
4. Left ventricular ejection fraction (LVEF) obtained within the previous 3 months as follows:

o Metastatic or Recurrent Breast Cancer: LVEF is >45% OR LVEF is 40% to ≤45% and absolute decrease is <10% from baseline; **OR**

o All other indications: LVEF is ≥50% OR LVEF is 45% to <50% and absolute decrease is <10% from baseline; **AND**

5. **Breast cancer Adjuvant treatment ONLY:** Patient has not exceeded a maximum of 14 cycles of therapy (42 weeks total)

Limitations/Exclusions

Kadcyla is not considered medically necessary for indications other than those listed above due to insufficient evidence of therapeutic value.

Applicable Procedure Codes

Code	Description
J9354	Injection, ado-trastuzumab emtansine, 1 mg; 1 billable unit = 1 mg

Applicable NDCs

Code	Description
50242-0088-xx	Kadcyla 100 mg single-use vial
50242-0087-xx	Kadcyla 160 mg single-use vial

ICD-10 Diagnoses

Code	Description
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast

C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast

C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.3	Personal history of malignant neoplasm of breast

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	2/15/2024	Annual Review: Initial Criteria: Breast cancer †; Removed: "Disease is hormone receptor negative; OR Disease is hormone receptor positive and refractory to endocrine therapy; OR Patient has symptomatic visceral disease or visceral crisis; OR" Renewal Criteria: Added: <10% from baseline; OR "All other indications: LVEF is ≥50% OR LVEF is 45% to <50% and absolute decrease is <10% from baseline; AND Breast cancer Adjuvant treatment ONLY: Patient has not exceeded a maximum of 14 cycles of therapy (42 weeks total)"
EmblemHealth & ConnectiCare	6/22/2023	Annual Review: NSCLC: Initial Criteria: Removed "Must be used as single agent therapy" added "Patient has ERBB2 (HER2) mutation positive disease as determined by an FDA-approved or CLIA-complaint test; AND ▯ Patient has recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy" Updated HER2 positive overexpression criteria.
EmblemHealth & ConnectiCare	08/08/2022	Transferred policy to new template
EmblemHealth & ConnectiCare	03/30/2020	Annual Review
EmblemHealth & ConnectiCare	05/20/2019	Updated Indication to match FDA Label

References

1. Kadcyla [package insert]. South San Francisco, CA; Genentech, Inc; July 2016. Accessed January 2018.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) ado-trastuzumab emtansine. National Comprehensive Cancer Network, 2018. The NCCN Compendium® is a

derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc." To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed January 2018.

3. Verma S, Miles D, Gianni L, et al. Trastuzumab emtansine for HER2-positive advanced breast cancer. N Engl J Med. 2012 Nov 8; 367(19):1783-91.
4. Li BT, Shen R, Buonocore D, et al. Ado-trastuzumab emtansine in patients with HER2 mutant lung cancers: Results from a phase II basket trial. J Clin Oncolo 2017, 35: Abstract 8510.