



Kadcyla® (ado-trastuzumab emtansine) (Intravenous)

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01/2024, 05/2024

I. Length of Authorization 1,7,15

Coverage will be provided for 6 months and may be renewed, unless otherwise specified.

 Adjuvant treatment in breast cancer is limited to 14 cycles (42 weeks total). (May be given for up to 17 cycles in patients who did not receive preoperative therapy).

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Kadcyla 100 mg single-dose vial: 1 vial every 21 days
- Kadcyla 160 mg single-dose vial: 3 vials every 21 days

B. Max Units (per dose and over time) [HCPCS Unit]:

• 480 billable units every 21 days

III. Initial Approval Criteria 1

Coverage is provided in the following conditions:

Patient is at least 18 years of age; AND

Universal Criteria 1

- Left ventricular ejection fraction (LVEF) is within normal limits prior to initiating therapy and will be assessed at regular intervals (e.g., every 3 months) during treatment; **AND**
- Used as a single agent; AND
- Therapy will not be substituted with or for any trastuzumab-based formulation (i.e., trastuzumab
 [or trastuzumab biosimilar product], fam-trastuzumab deruxtecan-nxki, trastuzumabhyaluronidase, pertuzumab/trastuzumab and hyaluronidase-zzxf, etc.); AND

Breast Cancer † ‡ 1-4,7,31e

- Patient has human epidermal growth factor receptor 2 (HER2)-positive* disease as determined by an FDA-approved or CLIA-compliant test*; AND
 - Used as adjuvant therapy; AND
 - Patient has early breast cancer with residual invasive disease after neoadjuvant taxane and trastuzumab-based therapy †; OR
 - Patient has metastatic or recurrent unresectable disease; AND
 - Patient previously received trastuzumab and a taxane, separately or in combination;
 AND
 - Used as second-line therapy and beyond; OR
 - Patient has metastatic disease that recurred during or within 6 months of completing adjuvant therapy †; AND
 - Patient previously received trastuzumab and a taxane, separately or in combination

Central Nervous System (CNS) Cancer ‡ 2,13,32e

- Patient has human epidermal growth factor receptor 2 (HER2)-positive* disease as determined by an FDA-approved or CLIA-compliant test*; AND
- Used for the treatment of brain metastases in patients with breast cancer; AND
- Prior treatment for breast cancer included both chemotherapy and HER2-directed therapy; AND
- Used for one of the following:
 - o Initial treatment in patients with small asymptomatic brain metastases
 - Relapsed limited brain metastases with either stable systemic disease or reasonable systemic treatment options
 - o Recurrent limited brain metastases
 - Recurrent extensive brain metastases with stable systemic disease or reasonable systemic treatment options

Non-Small Cell Lung Cancer (NSCLC) \$\pm\$ 2,5,11

- Patient has ERBB2 (HER2) mutation positive disease as determined by an FDA-approved or CLIA-complaint test*; AND
- Used as subsequent therapy; 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; AND
- Patient has non-squamous histology

*HER2-positive overexpression criteria:



Breast and CNS Cancer: 7,8,14

- Immunohistochemistry (IHC) assay 3+; OR
- Dual-probe in situ hybridization (ISH) assay HER2/CEP17 ratio ≥ 2.0 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:
 - → HER2/CEP17 ratio ≥ 2.0 AND average HER2 copy number < 4.0 signals/cell AND concurrent IHC 3+; OR
 - HER2/CEP17 ratio < 2.0 AND average HER2 copy number ≥ 6.0 signals/cell AND concurrent IHC 2+ or 3+; OR
 - HER2/CEP17 ratio < 2.0 AND average HER2 copy number ≥ 4.0 and < 6.0 signals/cell AND concurrent IHC 3+

Preferred therapies and recommendations are determined by review of clinical evidence. NCCN category of recommendation is taken into account as a component of this review. Regimens deemed equally efficacious (i.e., those having the same NCCN categorization) are considered to be therapeutically equivalent.

- If confirmed using an FDA-approved assay http://www.fda.gov/companiondiagnostics
- † FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Orphan Drug

IV. Renewal Criteria 1,5

Coverage may be renewed based upon the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; AND
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; AND
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: left ventricular dysfunction, hepatotoxicity, pulmonary toxicity (i.e., interstitial lung disease, pneumonitis), thrombocytopenia, neurotoxicity, infusion-related and hypersensitivity reactions, hemorrhage, extravasation at infusion site, etc.; AND
- Left ventricular ejection fraction (LVEF) obtained within the previous 3 months as follows:
 - Metastatic or Recurrent Breast Cancer: LVEF is >45% OR LVEF is 40% to ≤45% and <u>absolute</u> decrease is <10% from baseline; OR
 - All other indications: LVEF is ≥ 50% OR LVEF is 45% to <50% and <u>absolute</u> decrease is <10% from baseline; **AND**

Breast Cancer (adjuvant treatment) 1,7,15



 Patient has not exceeded a maximum of 14 cycles of therapy (42 weeks total). (May be given for up to 17 cycles in patients who did not receive preoperative therapy).

V. Dosage/Administration 1,5,12,13,15

Indication	Dose
Breast Cancer (adjuvant treatment)	Administer 3.6 mg/kg intravenously every 3 weeks (21-day cycle) for up to 14 cycles unless there is disease recurrence or unmanageable toxicity. *May be given for up to 17 cycles in patients who did not receive preoperative therapy.
Breast Cancer (all other treatment settings), CNS Cancer, NSCLC	Administer 3.6 mg/kg intravenously every 3 weeks (21-day cycle) until disease progression or unacceptable toxicity

VI. Billing Code/Availability Information

HCPCS Code:

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

NDC(s):

- Kadcyla 100 mg single-dose vial: 50242-0088-xx
- Kadcyla 160 mg single-dose vial: 50242-0087-xx

VII. References (STANDARD)

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Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 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	







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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 C79.31 Secondary malignant neoplasm of brain Z85.118 Personal history of other malignant neoplasm of bronchus and lung	C50.912	Malignant neoplasm of unspecified site of left female breast	
C50.922 Malignant neoplasm of unspecified site of left male breast C50.929 Malignant neoplasm of unspecified site of unspecified male breast C79.31 Secondary malignant neoplasm of brain Z85.118 Personal history of other malignant neoplasm of bronchus and lung	C50.919	Malignant neoplasm of unspecified site of unspecified female breast	
C50.929 Malignant neoplasm of unspecified site of unspecified male breast C79.31 Secondary malignant neoplasm of brain Z85.118 Personal history of other malignant neoplasm of bronchus and lung	C50.921	Malignant neoplasm of unspecified site of right male breast	
C79.31 Secondary malignant neoplasm of brain Z85.118 Personal history of other malignant neoplasm of bronchus and lung	C50.922	Malignant neoplasm of unspecified site of left male breast	
Z85.118 Personal history of other malignant neoplasm of bronchus and lung	C50.929	Malignant neoplasm of unspecified site of unspecified male breast	
	C79.31	Secondary malignant neoplasm of brain	
Z85.3 Personal history of malignant neoplasm of breast	Z85.118	Personal history of other malignant neoplasm of bronchus and lung	
	Z85.3	Personal history of malignant neoplasm of breast	







Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions				
Jurisdictio	Applicable State/US Territory	Contractor		
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC		
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC		
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)		
6	MN, WI, IL	National Government Services, Inc. (NGS)		
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.		
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)		
N (9)	FL, PR, VI	First Coast Service Options, Inc.		
J (10)	TN, GA, AL	Palmetto GBA		
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA		
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.		
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)		
15	KY, OH	CGS Administrators, LLC		

