

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	August 1, 2013 November 17, 2015, October 14, 2022

KADCYLA® (ado-trastuzumab emtansine)

LENGTH OF AUTHORIZATION: Up to 90 days

REVIEW CRITERIA:

- Patient must be ≥ 18 years old.
- Patient must have one of the following diagnoses and must be confirmed by medical records, progress notes, discharge notes, health conditions, or medication claims history:
 - HER2-positive early breast cancer with residual invasive disease after neoadjuvant taxane and Herceptin (trastuzumab)-based treatment; OR
 - Current history of HER2-positive metastatic breast cancer and previous therapy with Herceptin (trastuzumab) and/or taxane therapy that have received prior therapy for metastatic disease or developed disease recurrence during or within six months of completing adjuvant therapy.

EXAMPLES OF TAXANE THERAPY AGENTS	
Drug Name	Generic Name
Abraxane	paclitaxel
Docefrez	docetaxel
Onxol	paclitaxel
Taxotere	docetaxel

DOSING & ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as lyophilized powder in single-use vials containing 100 mg per vial or 160 mg per vial.