

Kadcyla® (ado-trastuzumab emtansine) (Intravenous)

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I. Length of Authorization ^{1,7,15}

- Initial: Prior authorization validity will be provided initially for 6 months (180 days).
- Renewal: Prior authorization validity may be renewed every 6 months (180 days) thereafter, unless otherwise specified.
 - Adjuvant treatment in Breast Cancer: Prior authorization validity may be renewed up to a maximum of 14 cycles (42 weeks total). *(May be given for up to 17 cycles in members who did not receive preoperative therapy).*

II. Dosing Limits

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

- 480 billable units every 21 days

III. Initial Approval Criteria ¹

Prior authorization validity is provided in the following conditions:

- Member 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 (unless otherwise specified); **AND**
- Therapy will not be substituted with or for any trastuzumab-based formulation; **AND**

Breast Cancer † ‡ ^{1-4,7}

- Member has human epidermal growth factor receptor 2 (HER2)-positive* disease as determined by an FDA-approved or Clinical Laboratory Improvement Amendments (CLIA)-compliant test❖; **AND**
 - Used as adjuvant therapy; **AND**
 - Member has locally advanced or node positive disease ‡; **AND**

- Used for residual disease following completion of planned chemotherapy and mastectomy or breast-conserving surgery (BCS); **OR**
- Used in members not considering pre-operative systemic therapy; **OR**
- Member has inflammatory breast cancer; **AND**
 - Used in members who had a response to preoperative systemic therapy, followed by surgery, and need to complete planned chemotherapy ‡; **OR**
 - Member has residual disease following preoperative therapy ‡; **OR**
- Member has early breast cancer with residual invasive disease after neoadjuvant taxane and trastuzumab-based therapy ‡; **OR**
- Member has metastatic or recurrent unresectable (local or regional) disease OR inflammatory breast cancer with no response to preoperative systemic therapy; **AND**
 - Used as second-line therapy and beyond; **OR**
- Member has metastatic disease that recurred during or within 6 months of completing adjuvant therapy ‡; **AND**
 - Member previously received trastuzumab and a taxane, separately or in combination

Central Nervous System (CNS) Cancer ‡^{2,13}

- Member has brain metastases from HER2 (ERBB2)-positive* breast cancer as determined by an FDA-approved or CLIA-compliant test❖; **AND**
- Used as a single agent or in combination with neratinib

Non-Small Cell Lung Cancer (NSCLC) ‡^{2,5,11}

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

Head and Neck Cancer ‡^{2,12,14}

- Member has human epidermal growth factor receptor 2 (HER2)-positive* disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
- Member has salivary gland tumors; **AND**
- Member has recurrent disease with one of the following:
 - Distant metastases
 - Unresectable locoregional recurrence with prior radiation therapy (RT)
 - Unresectable second primary with prior RT

***HER2-positive overexpression criteria**

Breast, CNS, and Head and Neck Cancer: ^{7,8,14}

- Immunohistochemistry (IHC) assay 3+; **OR**
- Dual-probe in situ hybridization (ISH) assay HER2 (*ERBB2*)/CEP17 ratio ≥ 2.0 AND average HER2 (*ERBB2*) copy number ≥ 4.0 signals/cell; **OR**
- Dual-probe in situ hybridization (ISH) assay AND concurrent IHC indicating one of the following:
 - HER2 (*ERBB2*)/CEP17 ratio ≥ 2.0 AND average HER2 (*ERBB2*) copy number < 4.0 signals/cell AND concurrent IHC 3+; **OR**
 - HER2 (*ERBB2*)/CEP17 ratio < 2.0 AND average HER2 (*ERBB2*) copy number ≥ 6.0 signals/cell AND concurrent IHC 2+ or 3+; **OR**
 - HER2 (*ERBB2*)/CEP17 ratio < 2.0 AND average HER2 (*ERBB2*) copy number ≥ 4.0 and < 6.0 signals/cell AND concurrent IHC 3+

❖ 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}

Prior authorization validity may be renewed based upon the following criteria:

- Member 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**
- Duration of authorization has not been exceeded (*refer to Section I*); **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 $\leq 45\%$ and absolute decrease is $<10\%$ from baseline; **OR**
 - All other indications: LVEF is $\geq 50\%$ OR LVEF is 45% to $<50\%$ and absolute decrease is $<10\%$ from baseline

V. Dosage/Administration ^{1,5,12,13,15,16}

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 <i>*May be given for up to 17 cycles in members who did not receive preoperative therapy.</i>
Breast Cancer (all other treatment settings), CNS Cancer, NSCLC, Head and Neck Cancer	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):

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

VII. References

1. Kadcylla [package insert]. South San Francisco, CA; Genentech, Inc.; March 2026. Accessed April 2026.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) ado-trastuzumab emtansine. National Comprehensive Cancer Network, 2026. 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 May 2026.
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Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime's assessment led to for each.

Factor	Conclusion
Indication	Yes: Consider for PA
Safety and efficacy	Yes: Consider for PA
Potential for misuse/abuse	No: PA not a priority
Cost of drug	Yes: Consider for PA

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C06.9	Malignant neoplasm of mouth, unspecified
C07	Malignant neoplasm of parotid gland
C08.0	Malignant neoplasm of submandibular gland
C08.1	Malignant neoplasm of sublingual gland
C08.9	Malignant neoplasm of major salivary gland, unspecified
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
C50.A0	Malignant inflammatory neoplasm of unspecified breast
C50.A1	Malignant inflammatory neoplasm of right breast
C50.A2	Malignant inflammatory neoplasm of left breast
C79.31	Secondary malignant neoplasm of brain
D37.031	Neoplasm of uncertain behavior of the sublingual salivary glands
D37.032	Neoplasm of uncertain behavior of the submandibular salivary glands
D37.039	Neoplasm of uncertain behavior of the major salivary glands, unspecified
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		
Jurisdiction	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