



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

## **KADCYLA® (ado-trastuzumab emtansine)**

**LENGTH OF AUTHORIZATION:** Up to 90 days

### **REVIEW CRITERIA:**

- Patient must be  $\geq 18$  years old.
- Must have current history of HER2-positive metastatic breast cancer that can be verified by progress notes, discharge notes, health conditions, or medication claims history.
- Patient must have had previous therapy with Herceptin (trastuzumab) and/or taxane therapy (examples below):

<b>DRUG NAME</b>	<b>GENERIC NAME</b>
Abraxane	paclitaxel
Docefrez	docetaxel
Onxol	paclitaxel
Taxotere	docetaxel

### **DOSING & ADMINISTRATION:**

**Recommended dose:** 3.6 mg/kg (also maximum dose) intravenous infusion every 3 weeks (21-day cycle) until disease progression or unacceptable toxicity.

**Dosage forms and strengths:** lyophilized powder in single-use vials containing 100 mg per vial or 160 mg per vial