Drug Policy:

Kadcyla™ (ado-trastuzumab emtansine)

POLICY NUMBER UM ONC_1238	SUBJECT Kadcyla™ (ado-trastuzumab emtansine)		DEPT/PROGRAM UM Dept	PAGE 1 OF 3
DATES COMMITTEE REVIEWED 04/10/13, 05/17/13, 07/24/14, 12/18/15, 12/20/16, 11/01/17, 09/04/18, 08/14/19, 12/11/19, 04/08/20, 02/10/21, 04/14/21, 11/15/21, 02/09/22, 05/11/22, 02/08/23, 02/14/24	APPROVAL DATE February 14, 2024	EFFECTIVE DATE February 23, 2024	COMMITTEE APPROVAL DATES 04/10/13, 05/17/13, 07/24/14, 12/18/15, 12/20/16, 11/01/17, 09/04/18, 08/14/19, 12/11/19, 04/08/20, 02/10/21, 04/14/21, 11/15/21, 02/09/22, 05/11/22, 02/08/23, 02/14/24	
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee		
NCQA STANDARDS UM 2		ADDITIONAL AREAS OF IMPACT		
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS		APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid	

I. PURPOSE

To define and describe the accepted indications for Kadcyla (ado-trastuzumab emtansine) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

Evolent is responsible for processing all medication requests from network ordering providers. Medications not authorized by Evolent may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

II. INDICATIONS FOR USE/INCLUSION CRITERIA

A. Continuation requests for a not-approvable medication shall be exempt from this Evolent policy provided:

1. The member has not experienced disease progression on the requested medication AND
2. The requested medication was used within the last year without a lapse of more than 30 days of having an active authorization AND
3. Additional medication(s) are not being added to the continuation request.

B. HER-2 Positive Breast Cancer

1. For recurrent/metastatic HER-2 positive breast cancer: Kadcyla (ado-trastuzumab emtansine) may be used as a single agent for members who have experienced disease progression after prior therapy with [trastuzumab + pertuzumab] +/- chemotherapy, e.g., a taxane.

2. For adjuvant therapy of members with stages I-III HER-2 positive breast cancer: Kadcyla (ado-trastuzumab emtansine) may be used as a single agent in members with stage I-III HER-2 positive breast cancer, who have undergone neoadjuvant chemotherapy (taxane and trastuzumab-based treatment) and were found to have residual disease in the breast and/or axillary nodes after surgery.

III. EXCLUSION CRITERIA

A. Concurrent use with trastuzumab, lapatinib, pertuzumab, Enhertu, or other chemotherapy; endocrine therapy may continue concurrently with Kadcyla if indicated.

B. Disease progression while taking Kadcyla (ado-trastuzumab emtansine).

C. Dosing exceeds single dose limit of Kadcyla (ado-trastuzumab emtansine) 3.6 mg/kg.

D. Dosing exceeds maximum duration of 14 cycles for adjuvant (curative-intent) treatment.

E. Investigational use of Kadcyla (ado-trastuzumab emtansine) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:

1. Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
2. Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
3. Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definitions of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of less than 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
4. Whether the experimental design, considering the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
5. That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
6. That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
7. That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

IV. MEDICATION MANAGEMENT

A. Please refer to the FDA label/package insert for details regarding these topics.

V. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

A. None

VII. REFERENCES

A. Verma S, et al. EMILIA Study Group. Trastuzumab emtansine for HER2-positive advanced breast cancer. N Engl J Med. 2012 Nov 8;367(19):1783-91.

B. von Minckwitz G, et al. KATHERINE Investigators. Trastuzumab Emtansine for Residual Invasive HER2-Positive Breast Cancer. N Engl J Med. 2019 Feb 14;380(7):617-628.

C. Ado-trastuzumab emtansine prescribing information. Genentech Inc. San Francisco, CA 2020.

D. Clinical Pharmacology Elsevier Gold Standard 2023.

E. Micromedex® Healthcare Series: Micromedex Drugdex Ann Arbor, Michigan 2023.

F. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2023.

G. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs Bethesda, MD 2023.

H. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. J Clin Oncol. 2014 Apr 20;32(12):1277-80.

I. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf.

J. Current and Resolved Drug Shortages and Discontinuations Reported to the FDA: http://www.accessdata.fda.gov/scripts/drugshortages/default.cfm.