

Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's 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 ≥ 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):

DRUG NAME	GENERIC NAME
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