

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

## Faslodex (fulvestrant)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Faslodex (fulvestrant) 250 mg/5 ml intramuscular injection

### APPROVAL CRITERIA

Requests for Faslodex (fulvestrant) may be approved if the following criteria are met:

- I. Individual has a diagnosis of recurrent or metastatic breast cancer, hormone receptor (HR)-positive;
- AND**
- II. Individual is using as monotherapy (along with ovarian suppression if indicated);
- OR**
- III. Individual is using in combination with a CDK4/6 inhibitor or Piqray (alpelisib).

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

### Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: June 4, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on June 4, 2019.
  - Breast Cancer. V1.2019. Revised March 14, 2019.
  - Ovarian Cancer V1.2019. Revised March 8, 2019.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.