

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

## Ibrance (palbociclib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Ibrance (palbociclib)	May be subject to quantity limit

### APPROVAL CRITERIA

Requests for Ibrance (palbociclib) may be approved if the following criteria are met:

- I. Individual has a diagnosis of advanced, recurrent, or metastatic breast cancer with hormone receptor-positive, human epidermal growth factor receptor 2-negative (HR+/HER2-) disease in combination with (capsule or tablet):
  - A. An aromatase inhibitor as initial endocrine therapy; **OR**
  - B. Fulvestrant as initial endocrine therapy (NCCN1); **OR**
  - C. Fulvestrant (Faslodex) with disease progression following endocrine therapy;

**OR**

- II. Individual has a diagnosis of Soft Tissue Sarcoma with unresectable Well Differentiated/Dedifferentiated Liposarcoma (WD-DDLS) of the retroperitoneum (capsule only) (NCCN 2A).

### Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. 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: April 15, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; 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 April 15, 2020.
  - a. Breast Cancer. V3.2020. Revised March 6, 2020.

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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.

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b. Soft Tissue Sarcoma. V6.2019. Revised February 10, 2020.

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