

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

Ixempra (ixabepilone)

Override	Approval Duration
Prior Authorization	1 year

Medication
Ixempra (ixabepilone)

APPROVAL CRITERIA

Requests for Ixempra (ixabepilone) may be approved if the following criteria are met:

- I. Individual has a diagnosis of breast cancer, metastatic or locally advanced; **AND**
- II. Any of the following indications:
 - A. As a monotherapy in individuals treated with two prior lines of therapy; **OR**
 - B. In combination with capecitabine in individuals previously treated with two lines of therapy; **OR**
 - C. In combination with trastuzumab (or trastuzumab biosimilars) in individuals with disease resistant to treatment with taxanes (NCCN 2A); **OR**
 - D. In combination with trastuzumab (or trastuzumab biosimilars) in the treatment of an individual with locally recurrent or metastatic HER2+ breast cancer with (NCCN 2A); **AND**
 1. Symptomatic visceral disease; **OR**
 2. Either hormone receptor-negative disease or hormone receptor-positive and endocrine refractory disease.

Requests for Ixempra (ixabepilone) may not be approved when the criteria above are not met and for all other indications.

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: January 28, 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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Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

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™. © 2020 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on October 14, 2019.
 - a. Breast Cancer. V1.2020. Revised January 15, 2020.

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