CareFirst Family of health care plans

CVS caremark™

SPECIALTY GUIDELINE MANAGEMENT

IBRANCE (palbociclib)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications
Ibrance is indicated for the treatment of hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer in combination with:
1. an aromatase inhibitor as initial endocrine based therapy in postmenopausal women, or
2. fulvestrant in women with disease progression following endocrine therapy.

B. Compendial Uses
Soft tissue sarcoma: well-differentiated/dedifferentiated liposarcoma-

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

A. Breast cancer
Authorization of 12 months may be granted for the treatment of HR-positive HER2-negative breast cancer when one of the following criteria is met:
1. Ibrance is used in combination with an aromatase inhibitor (eg, anastrozole, exemestane, letrozole).
2. Ibrance is used in combination with fulvestrant.

B. Soft tissue sarcoma
Authorization of 12 months may be granted for treatment of well-differentiated/dedifferentiated liposarcoma.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCES

1. Ibrance [package insert]. New York, NY: Pfizer Inc.; March 2017.
2. The NCCN Drugs & Biologics Compendium® © 2017 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed January 16, 2018.

3. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Breast Cancer. Version 2. 2016. http://www.nccn.org/professionals/physician_gls/pdf/breast.pdf. Accessed January 16, 2018.