

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).

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

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2021. 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 8, 2021.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2021; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2021 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on January 8, 2021.
 - a. Breast Cancer. V6.2020. Revised September 8, 2020.
 - b. Ovarian Cancer V1.2020. Revised March 11, 2020.
 - c. Uterine Neoplasms. V1.2021. Revised October 20, 2020.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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