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.