

# 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 unresectable, or metastatic breast cancer with hormone receptor-positive, human epidermal growth factor receptor 2-negative (HR+/HER2-) disease (capsule or tablet);  
**AND**
  - II. Individual is one of the following (NCCN 2A):
    - A. Male; **OR**
    - B. Postmenopausal female; **OR**
    - C. Premenopausal treated with ovarian ablation/suppression;**AND**
  - III. Individual is using in one of the following ways:
    - A. Individual is using in combination with an aromatase inhibitor as initial endocrine therapy (Label); **OR**
    - B. Individual is using in combination with fulvestrant as initial endocrine therapy (NCCN 1); **OR**
    - C. Individual is using in combination with fulvestrant (Faslodex) with disease progression following endocrine therapy (Label, NCCN 1);
- OR**
- IV. 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.: 2024. 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: Updated periodically.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2024; Updated periodically.
5. Verzenio (abemaciclib) [prescribing information]. Indianapolis, IN: Lilly USA, LLC; October 2021.
6. NCCN Clinical Practice Guidelines in Oncology™. © 2024 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on April 2, 2024.
  - a. Soft Tissue Sarcoma. V3.2023. Revised December 12, 2023.

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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