

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Palbociclib (Ibrance)

Notes:

- Quantity Limits: Yes

Initiation (new start) criteria: Formulary **palbociclib (Ibrance)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematologist or oncologist
- Age greater than or equal to 18 years
- Patient has diagnosis of hormone-positive, HER2-negative, advanced, or metastatic breast cancer and meets the following:
 - No disease progression while on ribociclib (Kisqali) OR abemaciclib (Verzenio) – AND –
 - Adequate trial of ribociclib 200 to 400 mg dose with documented toxicity – OR –
 - Relative contraindication to ribociclib defined as any of the following:
 - Long QT syndrome
 - Baseline QTc greater than or equal to 450 ms
 - Use of drugs that are known to prolong the QT interval
 - Use of tamoxifen
 - Use of strong CYP3A4 inhibitors
 - Uncontrolled or significant cardiac disease (such as myocardial infarction or arrhythmias within the past 12 months, congestive heart failure NYHA class III-IV or with LVEF < 50%, unstable angina, or bradycardia)

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Formulary **palbociclib (Ibrance)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematologist or oncologist
- Age greater than or equal to 18 years
- Patient has diagnosis of hormone-positive, HER2-negative, advanced, or metastatic breast cancer

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Palbociclib (Ibrance)

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Formulary **palbociclib (Ibrance)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematologist or oncologist
- Age greater than or equal to 18 years
- Patient has diagnosis of hormone-positive, HER2-negative, advanced, or metastatic breast cancer

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