

STANDARD COMMERCIAL DRUG FORMULARY PRIOR AUTHORIZATION GUIDELINES

TOREMIFENE

Generic	Brand	HICL	GCN	Exception/Other
TOREMIFENE	FARESTON	11632		
CITRATE				

GUIDELINES FOR USE

- 1. Does the patient have a diagnosis of metastatic breast cancer and meet **ALL** of the following criteria?
 - The patient is a postmenopausal female
 - The patient has an estrogen-receptor positive or unknown tumor

If yes, approve for 12 months by HICL with a quantity limit of #30 tablets per 30 days. If no, do not approve.

DENIAL TEXT: The guideline named **TOREMIFENE** (**Fareston**) requires a diagnosis of metastatic breast cancer. In addition, the following criteria must be met:

- The patient is a postmenopausal female
- The patient has an estrogen-receptor positive or unknown tumor

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Fareston.

REFERENCES

Fareston [Prescribing Information] Bedminster, NJ: Kyowa Kirin Inc. May 2017.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A Created: 08/13

Commercial Effective: 02/25/19 Client Approval: 02/19 P&T Approval: 08/13

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