



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

TOREMIFENE

Generic	Brand	HICL	GCN	Exception/Other
TOREMIFENE CITRATE	FARESTON	11632		

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

Commercial Effective: 02/25/19

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P&T Approval: 08/13