



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

PALBOCICLIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
PALBOCICLIB	IBRANCE	41725		GPI-10 (2153106000)	

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of advanced or metastatic breast cancer and meet **ALL** the following criteria?
  - The patient's cancer is hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative

If yes, continue to #2.  
If no, do not approve.  
**DENIAL TEXT:** See the denial text at the end of the guideline.
2. Will Ibrance be used in combination with an aromatase inhibitor (e.g., anastrozole, letrozole, exemestane) **AND** the patient meets the following criterion?
  - The patient has NOT received prior endocrine-based therapy (e.g., letrozole, anastrozole, tamoxifen)

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #21 per 28 days.**  
If no, continue to #3.
3. Will Ibrance be used in combination with Faslodex (fulvestrant) **AND** the patient meets the following criterion?
  - The patient has experienced disease progression following endocrine therapy (e.g., letrozole, anastrozole, tamoxifen)

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #21 per 28 days.**  
If no, do not approve.  
**DENIAL TEXT:** See the denial text at the end of the guideline.

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GUIDELINES FOR USE (CONTINUED)

**DENIAL TEXT:** \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **PALBOCICLIB (Ibrance)** requires the following rule(s) be met for approval:

- A. You have advanced or metastatic breast cancer (cancer that has worsened or has spread to other parts of the body)
- B. Your cancer is hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative (a type of protein)
- C. You meet ONE of the following:
  - 1. Ibrance will be used in combination with an aromatase inhibitor (such as anastrozole, letrozole, exemestane) AND you have not received prior endocrine (hormone)-based therapy (such as letrozole, anastrozole, tamoxifen)
  - 2. Ibrance will be used in combination with Faslodex (fulvestrant) AND your disease has worsened after endocrine (hormone) therapy (such as letrozole, anastrozole, tamoxifen)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

**RATIONALE**

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

**REFERENCES**

- Ibrance [Prescribing Information]. New York, NY: Pfizer Laboratories. December 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 07/01/23

Created: 05/15

Client Approval: 05/23

P&T Approval: 04/23