



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

RIBOCICLIB-LETROZOLE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
RIBOCICLIB SUCCINATE/ LETROZOLE	KISQALI FEMARA CO-PACK	44246		GPI-10 (2199000260)	

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of advanced or metastatic breast cancer and meet **ALL** of the following criteria?
  - The patient's cancer is hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative
  - The patient has NOT received prior endocrine-based therapy (e.g., letrozole, anastrozole, tamoxifen) for advanced or metastatic breast cancer (e.g., letrozole, anastrozole, tamoxifen)
  - The patient had a trial of Ibrance (palbociclib) or Verzenio (abemaciclib)

If yes, approve for 12 months by GPID or GPI-14 for all strengths as follows:

- 200mg-2.5mg: #1.75 per day.
- 400mg-2.5mg: #2.5 per day.
- 600mg-2.5mg: #3.25 per day.

If no, do not approve.

**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 **RIBOCICLIB-LETROZOLE (Kisqali/Femara Co-Pack)** requires the following rule(s) be met for approval:

- A. You have advanced or metastatic breast cancer (breast cancer that has progressed 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 have NOT received prior endocrine (hormone)-based therapy for advanced or metastatic breast cancer (such as letrozole, anastrozole, tamoxifen)
- D. You had a trial of Ibrance (palbociclib) or Verzenio (abemaciclib)

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.

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Kisqali/Femara Co-Pack.

**REFERENCES**

- Kisqali/Femara Co-Pack [Prescribing Information]. East Hanover, NJ. Novartis; October 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 07/01/23

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P&T Approval: 04/23