STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

RIBOCICLIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
RIBOCICLIB SUCCINATE	KISQALI	44151		GPI-10 (2153107050)	

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

   If yes, continue to #2.
   If no, do not approve.
   DENIAL TEXT: See the denial text at the end of the guideline

2. Will Kisqali be used in combination with an aromatase inhibitor (e.g., anastrozole, exemestane, letrozole) **AND** the patient meets the following criterion?
   - The patient has NOT received prior endocrine-based therapy (e.g., letrozole, anastrozole, tamoxifen) for advanced or metastatic breast cancer
   - 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: #0.75 per day.**
   - **400mg: #1.5 per day.**
   - **600mg: #2.25 per day.**

   If no, continue to #3.

3. Will Kisqali be used in combination with Faslodex (fulvestrant) **AND** the patient is a male or a postmenopausal female?

   If yes, continue to #4.
   If no, do not approve.
   DENIAL TEXT: See the denial text at the end of the guideline.

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RIBOCICLIB

GUIDELINES FOR USE (CONTINUED)

4. Does the patient meet **ONE** of the following criteria?
   - The patient has NOT received prior endocrine-based therapy (e.g., letrozole, anastrozole, tamoxifen) for advanced or metastatic breast cancer
   - The patient has experienced disease progression on endocrine therapy AND 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: #0.75 per day.**
   - **400mg: #1.5 per day.**
   - **600mg: #2.25 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 (Kisqali)** 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. **If you are requesting Kisqali in combination with an aromatase inhibitor (such as anastrozole, exemestane, letrozole), approval also requires:**
      1. You have NOT received prior endocrine (hormone)-based therapy (such as letrozole, anastrozole, tamoxifen) for advanced or metastatic breast cancer
      2. You had a trial of Ibrance (palbociclib) or Verzenio (abemaciclib)
   D. **If you are requesting Kisqali in combination with (Faslodex) fulvestrant, approval also requires:**
      1. You are a male or a postmenopausal (after menopause) female
      2. You meet ONE of the following:
         a. You have NOT received prior endocrine (hormone)-based therapy (such as letrozole, anastrozole, tamoxifen) for advanced or metastatic breast cancer
         b. You have experienced disease progression (your condition worsened) on endocrine (hormone) therapy AND 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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RIBOCICLIB

RATIONALE

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

REFERENCES

- Kisqali [Prescribing Information]. East Hanover, NJ. Novartis; October 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 07/01/23
Created: 05/17
Client Approval: 05/23
P&T Approval: 04/23