RXADVANCE
2 Park Central Drive
Southborough, MA 01772

Clinical Policy Title:	palbociclib
Policy Number:	RxA.163
Drug(s) Applied:	Ibrance®
Original Policy Date:	02/07/2020
Last Review Date:	09/14/2020
Line of Business Policy Applies to:	All lines of Business

Background

Palbociclib (Ibrance®) is an inhibitor of cyclin-dependent kinases 4 and 6 (CDK4/6). It is indicated for the treatment of hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer in combination with:

- An aromatase inhibitor as initial endocrine based therapy in postmenopausal women or in men; or
- Fulvestrant in patients with disease progression following endocrine therapy.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
Palbociclib (Ibrance®)	Breast cancer	125 mg PO QD for 21 consecutive days followed by 7 days off treatment	125 mg/day

Dosage Forms

- Capsules: 75 mg, 100 mg, 125 mg
- Tablet: 75 mg, 100 mg, 125 mg

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

I. Initial Approval Criteria

A. Breast Cancer (must meet all)**:**

1. Diagnosis of breast cancer;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Disease has all of the following characteristics (a, b, and c):
    a. HR-positive (i.e., estrogen receptor (ER) and/or progesterone receptor (PR) positive);
    b. HER2-negative;
    c. Advanced (locally recurrent) or metastatic;
5. Ibrance is prescribed in combination with one of the following (a or b):
    a. An aromatase inhibitor (e.g., letrozole, anastrozole, exemestane), and:
        i. If male, an agent that suppresses testicular steroidogenesis (e.g., gonadotropin-releasing hormone agonists);
    b. Fulvestrant after disease progression on an endocrine therapy;

6. Disease has not progressed on prior CDK4/6 inhibitor therapy;
7. Request meets one of the following (a or b):*
   a. Dose does not exceed 125 mg (1 tablet or 1 capsule) per day on Days 1 to 21 of a 28-day cycle;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval Duration
Commercial: 6 months
Medicaid: 6 months

B. Soft Tissue Sarcoma (off-label) (must meet all)**:**
1. Diagnosis of retroperitoneal well-differentiated/dedifferentiated liposarcoma;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Disease is unresectable, metastatic, or progressive;
5. Disease has not progressed on prior CDK4/6 inhibitor therapy;
6. Ibrance will be used as a single agent;
7. Dose is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*). *

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval Duration
Commercial: 6 months
Medicaid: 6 months

II. Continued Therapy Approval

A. All Indications in Section I (must meet all)**:**
1. Currently receiving medication that has been authorized by RxAdvance, or documentation supports that member is currently receiving Ibrance for a covered indication and has received this medication for at least 30 days;
2. Member is responding positively to therapy;
3. If breast cancer, dose is ≥ 75 mg per day;
4. If request is for a dose increase, request meets one of the following (a or b):*
   a. New dose does not exceed 125 mg (1 tablet or 1 capsule) per day on Days 1 to 21 of a 28-day cycle;
   b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval Duration
Commercial: 6 months
Medicaid: 6 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key

CDK: cyclin-dependent kinase

ER: estrogen receptor
FDA: Food and Drug Administration
HER2: human epidermal growth factor receptor 2
HR: hormone receptor
NCCN: National Comprehensive Cancer Network
PR: progesterone receptor

APPENDIX B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Endocrine Therapy		
anastrozole (Arimidex®)	1 mg PO QD	1 mg/day
exemestane (Aromasin®)	25 mg PO QD	25 mg/day
Fareston® (toremifene)	60 mg PO QD	60 mg/day
Faslodex® (fulvestrant)	500 mg IM into the buttocks slowly (1 - 2 minutes per injection) as two 5 mL injections, one in each buttock, on days 1, 15, 29 and once monthly thereafter	500 mg/day
letrozole (Femara®)	2.5 mg PO QD	2.5 mg/day
tamoxifen (Soltamox®)	20 to 40 mg PO QD	40 mg/day
megestrol acetate	40 mg PO QID	160 mg/day

Drug names are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - None reported

- Boxed Warning(s):
  - None reported

APPENDIX D: General Information

- For disease progression while on a CDK4/6 inhibitor, there is no data to support retreatment with another CDK4/6 inhibitor-containing regimen.
- Fluoxymesterone and ethinyl estradiol for breast cancer are other endocrine therapies, but they are no longer commercially available.

References

1. Ibrance Prescribing Information. New York, NY; Pfizer Labs; September 2019. Available at: www.ibrance.com/. Accessed June 17, 2019.
2. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at:

http://www.nccn.org/professionals/drug_compendium. Accessed June 17, 2019.
3. National Comprehensive Cancer Network. Breast Cancer Version 4.2020. Available at: https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf. Accessed June 17, 2019.
4. National Comprehensive Cancer Network. Soft Tissue Sarcoma Version 2.2020. Available at: https://www.nccn.org/patients/guidelines/content/PDF/sarcoma-patient.pdf . Accessed June 17, 2020.
5. Dickson MA, Tap WD, Keohan ML, et al. Phase II trial of the CDK4 inhibitor PD0332991 in patients with advanced CDK4-amplified well differentiated or dedifferentiated liposarcoma. J Clin Oncol 2013;31(16):2024-2028.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	01/2020	02/07/2020
Policy was reviewed: 1. Clinical Policy Title was updated. 2. Drug(s) Applied was updated. 3. Line of Business Policy Applies to was updated. 4. Continued Therapy criteria II.A.1 was rephrased to "Currently receiving medication that has been authorized by RxAdvance..." 5. Initial and Continued Therapy Approval criteria: Commercial approval duration was updated. 6. Added “Disease has not progressed on prior CDK4/6 inhibitor therapy” to initial approval criteria for both indications; 7. APPENDIX B was updated: tamoxifen brand Nolvadex was removed as it was discontinued. 8. References were updated.	08/03/2020	09/14/2020