

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

*FHK- Florida Healthy Kids

Ibrance (palbociclib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Ibrance (palbociclib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Ibrance (palbociclib) may be approved if the following criteria are met:

- I. Individual has a diagnosis of one of the following:
 - A. Advanced, recurrent or metastatic breast cancer with hormone receptor (HR) positive, HER2 negative disease in combination with:
 1. An aromatase inhibitor as initial endocrine therapy in postmenopausal women; **OR**
 2. With fulvestrant (Faslodex) in women with disease progression following endocrine therapy;
 - OR**
 - B. Soft Tissue Sarcoma
 1. With Differentiated/Dedifferentiated Liposarcoma of the retroperitoneum (NCCN 2A).

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.