

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

## Ixempra (ixabepilone)

CG-DRUG-101

Override	Approval Duration
Prior Authorization	1 year

Medication
Ixempra (ixabepilone)

### APPROVAL CRITERIA

Requests for Ixempra (ixabepilone) may be approved for the treatment of metastatic or locally advanced breast cancer for **any** of the following indications:

- I. As a monotherapy in individuals treated with two prior lines of therapy; **OR**
- II. In combination with capecitabine in individuals previously treated with two lines of therapy; **OR**
- III. In combination with trastuzumab in individuals with disease resistant to treatment with taxanes; **OR**
- IV. In combination with trastuzumab in the treatment of an individual with locally recurrent or metastatic HER2+ breast cancer with:
  - A. Symptomatic visceral disease; **OR**
  - B. Either hormone receptor-negative disease **or** hormone receptor-positive and endocrine refractory disease.

Ixempra (ixabepilone) may **not** be approved when the criteria above are not met and for all other indications.

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.

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

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

**Key References:**

1. Ixabepilone. In: DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Last Update March 17, 2017. Available at: <http://www.micromedexsolutions.com>. Accessed on April 4, 2018.
2. Ixabepilone Monograph. Lexicomp® Online, American Hospital Formulary Service® (AHFS®) Online, Hudson, Ohio, Lexi-Comp., Inc. Last revised August 10, 2012. Accessed on April 4, 2018.
3. Ixempra [Product Information]. Princeton, NJ. R-PHARM US; January, 2016. Available at: [http://ixemprahcp.com/downloads/full\\_pi.pdf](http://ixemprahcp.com/downloads/full_pi.pdf). Accessed on April 4, 2018.
4. National Comprehensive Cancer Network®. NCCN Drugs & Biologic Compendium® (electronic version). For additional information visit the NCCN website: <http://www.nccn.org>. Accessed on April 4, 2018.
5. NCCN Clinical Practice Guidelines in Oncology®. © 2018 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on April 4, 2018.
  - Breast Cancer (V.1.2018). Revised March 20, 2018.

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.