

IBRANCE (palbociclib)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have the following:

Advanced or metastatic breast cancer

AND ONE of the following:

- a. Patients has a PIK3CA-mutation as detected by an FDA approved test
 - i. Breast cancer is endocrine-resistant
 - ii. Used in combination with inavolisib and fulvestrant
 - iii. Patient has experienced recurrence on or after completing adjuvant endocrine therapy
- b. Patient is **NOT** PIK3CA-mutated
 - Used in combination with an aromatase inhibitor or fulvestrant

AND ALL of the following:

- a. Hormone receptor (HR)-positive
- b. Human epidermal growth factor receptor 2 (HER2)-negative
- c. Males must have concomitant suppression of testicular steroidogenesis

Age 18 years of age or older

Diagnosis

Patient must have the following:

1. Well-Differentiated/Dedifferentiated Liposarcoma (WD-DDLS)

Prior - Approval Limits

Duration 12 months

Prior – Approval Renewal Requirements



IBRANCE (palbociclib)

Age 18 years of age or older

Diagnoses

Patient must have the following:

1. Advanced or metastatic breast cancer

AND ONE of the following:

- a. Patient has a PIK3CA-mutation
 - i. Used in combination with inavolisib and fulvestrant
- b. Patient is NOT PIK3CA-mutated
 - i. Used in combination with an aromatase inhibitor or fulvestrant

AND ALL of the following:

- a. Males must have concomitant suppression of testicular steroidogenesis
- b. NO disease progression or unacceptable toxicity

Age 18 years of age or older

Diagnosis

Patient must have the following:

1. Well-Differentiated/Dedifferentiated Liposarcoma (WD-DDLS)

AND the following:

a. NO disease progression or unacceptable toxicity

Prior - Approval Renewal Limits

Same as above