BlueCross BlueShield
Federal Employee Program

ITOVEBI
(generic)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Locally advanced or metastatic breast cancer

AND ALL of the following:

1. Hormone receptor (HR)-positive
2. Human epidermal growth factor receptor 2 (HER2)-negative
3. PIK3CA-mutated as detected by an FDA-approved test
4. Used in combination with palbociclib (Ibrance) and fulvestrant (Faslodex)
5. Following recurrence on or after completing adjuvant endocrine therapy
6. Female patients of reproductive potential **only**: patient will be advised to use effective non-hormonal contraception during treatment with Itovebi and for 1 week after the last dose
7. Male patients with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Itovebi and for 1 week after the last dose

Prior - Approval Limits

Quantity 9 mg per day

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Locally advanced or metastatic breast cancer

AND ALL of the following:

ITOVEBI
(generic)

1. **NO** disease progression or unacceptable toxicity
2. Used in combination with palbociclib (Ibrance) and fulvestrant (Faslodex)
3. Female patients of reproductive potential **only**: patient will be advised to use effective non-hormonal contraception during treatment with Itovebi and for 1 week after the last dose
4. Male patients with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Itovebi and for 1 week after the last dose

Prior - Approval *Renewal* Limits

Same as above