Reference number(s)
6130-D

This document applies to the following:

Formulary	Applies
Standard Control (SF)	☐
Standard Control – Choice (SCCF)	☐
Preferred Drug Plan Design (PDPD)	☐
Advanced Control Specialty (ACSF)	☐
Advanced Control Specialty – Choice (ACSCF)	☐
Managed Medicaid Template (MMT)	☐
Marketplace (MF)	☐
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	☑
Aetna Individual Lives (IVL)	☑
Value (VF)	☑

Formulary	Applies
New to Market (NTM)	☐
Standard Formulary Chart (SFC)	☐
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	☐
Advanced Control Specialty Formulary Chart (ACSFC)	☐
Value Formulary Chart (VFC)	☐
Medical Benefit	☐
Medical Benefit: Advanced Biosimilars First	☐
Medical Benefit: Managed Medicaid (MMMB)	☐
Medicare Part B	☐
Medicare Part B: Advanced Biosimilars First	☐

Exceptions Criteria
Breast Cancer

This document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

These criteria were developed to align with the following: Value Formulary (VF), Aetna Individual Lives (IVL) Formulary, and Small Group Affordable Care Act (ACA) Aetna Health Exchange (AHE).

Plan Design Summary

This program applies to the breast cancer products specified in this document. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members who are new to treatment with a targeted product for the first time.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Cyclin-dependent kinases 4 and 6 inhibitors

Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

	Products
Preferred	• Ibrance (palbociclib) • Verzenio (abemaciclib)
Targeted	• Kisqali (ribociclib) • Kisqali Femara Co-Pack (ribociclib/letrozole)

Reference number(s)
6130-D

Exception Criteria

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred product.

Coverage for a targeted product is provided when any of the following criteria are met:

- Member is currently receiving treatment with a targeted product, excluding when the requested targeted product is obtained as samples or via manufacturer's patient assistance programs.
- Member has a documented contraindication, inadequate response, or intolerable adverse event with one of the preferred products.
- Member is requesting treatment for Kisqali (ribociclib) with an aromatase inhibitor for first-line therapy.

References

1. Ibrance capsules [package insert]. New York, NY: Pfizer Inc.; September 2023.
2. Ibrance tablets [package insert]. New York, NY: Pfizer Inc.; September 2023.
3. Kisqali Femara Co-Pack [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; August 2023.
4. Kisqali [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; July 2024.
5. Verzenio [package insert]. Indianapolis, IN: Eli Lilly and Company; January 2024.
6. Clinical Consult: CVS Caremark Clinical Programs Review. Focus on Oncology – Breast Cancer Clinical Programs. August 2023.