Reference number(s)
1897-A

Specialty Guideline Management
Ixempra

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Ixempra	ixabepilone

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications[1]

- In combination with capecitabine for patients with metastatic or locally advanced breast cancer resistant to treatment with an anthracycline and a taxane, or whose cancer is taxane resistant and for whom further anthracycline therapy is contraindicated
- As a single agent for patients with metastatic or locally advanced breast cancer whose tumors are resistant or refractory to anthracyclines, taxanes, and capecitabine

Compendial Uses[2]

Breast Cancer

All other indications are considered experimental/investigational and not medically necessary.

Reference number(s)
1897-A

Documentation

Submission of the following information is necessary to initiate the prior authorization review: human epidermal growth factor receptor 2 (HER2) status testing results, where applicable.

Coverage Criteria

Breast Cancer[1,2]

Authorization of 12 months may be granted for treatment of breast cancer when any of the following criteria are met:

- Member has human epidermal growth factor receptor 2 (HER2)-negative locally advanced, recurrent unresectable or metastatic disease or disease with no response to preoperative systemic therapy, as a single agent; or
- Member has human epidermal growth factor receptor 2 (HER2)-positive recurrent unresectable or metastatic disease or disease with no response to preoperative systemic therapy, in combination with trastuzumab as fourth line therapy and beyond; or
- The requested medication will be used in combination with capecitabine for treatment of metastatic or locally advanced disease when the following criteria are met:
    - The cancer is resistant to treatment with an anthracycline and a taxane, or is taxane resistant and further anthracycline therapy is contraindicated; and
    - Member does not have aspartate aminotransferase (AST) or alanine aminotransferase (ALT) level greater than 2.5 times the upper limit of normal (ULN) or bilirubin greater than 1 time the ULN.

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Ixempra [package insert]. Princeton, NJ: R-Pharm US LLC; January 2023.
2. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. Available at: https://www.nccn.org. Accessed October 28, 2025.