CVS caremark

Reference number(s)
7479-A

Specialty Guideline Management Veppanu

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
Veppanu	vepdegestrant

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]

Veppanu is indicated for the treatment of adults with estrogen receptor (ER)-positive, human epidermal growth factor receptor 2 (HER2)-negative, estrogen receptor-1 (ESR1)-mutated advanced or metastatic breast cancer with disease progression following at least one line of endocrine therapy.

Compendial Uses[2]

- Breast cancer – recurrent unresectable, no response to preoperative systemic therapy

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

Documentation

Submission of the following information is necessary to initiate the prior authorization review:

- Estrogen receptor 1 (ESR1) mutation status

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- Hormone receptor (HR) status
- Human epidermal growth factor receptor 2 (HER2) status

Coverage Criteria

Breast Cancer[1,2]

Authorization of 12 months may be granted for treatment of HR-positive, HER2-negative, and ESR1-mutated breast cancer, as a single agent, when all of the following criteria are met:

- The disease is recurrent unresectable, advanced, metastatic, or had no response to preoperative systemic therapy.
- The member has received at least one prior line of endocrine therapy plus a cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitor (e.g., abemaciclib [Verzenio], palbociclib [Ibrance], ribociclib [Kisqali]).
- If the member is not postmenopausal, hormone suppression is being achieved through surgery, irradiation, or concomitant use with a gonadotropin-releasing hormone agonist (GnRH) (e.g., leuprolide [Lupron]).

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. Veppanu [package insert]. New York, NY: Pfizer Inc.; May 2026.
2. The NCCN Drugs & Biologics Compendium® © 2026 National Comprehensive Cancer Network, Inc. Available at: https://www.nccn.org. Accessed May 11, 2026.

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