Ibrance (palbociclib) is a preferred product and will only be considered for coverage under the pharmacy benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

### BREAST CANCER

For **initial** authorization:
1. Member must me 18 years of age or older; AND
2. Medication must be prescribed by oncologist/hematologist; AND
3. Member has hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer; AND
4. Medication is being used in combination with letrozole in postmenopausal women not previously treated with endocrine-based therapy OR with fulvestrant in women with disease progression following endocrine therapy (i.e. anastrozole, exemestane, letrozole, tamoxifen, toremifene).
5. **Dosage allowed:** Once daily taken with food for 21 days followed by 7 days off treatment.

*If member meets all the requirements listed above, the medication will be approved.*

CareSource considers Ibrance (palbociclib) not medically necessary for the treatment of the diseases that are not listed in this document.

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION/DESCRIPTION</th>
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<tbody>
<tr>
<td>06/29/2017</td>
<td>New policy for Ibrance created.</td>
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References:

Effective date: 09/01/2017
Revised date: 06/29/2017