PHARMACY POLICY STATEMENT **Ohio Medicaid**	
DRUG NAME	Kisqali (ribociclib)
BILLING CODE	Must use valid NDC code
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) Alternative preferred product includes Ibrance QUANTITY LIMIT– 63 per 28 days
LIST OF DIAGNOSES CONSIDERED **NOT** MEDICALLY NECESSARY	Click Here

Kisqali (ribociclib) is a **non-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 (BC)

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 BC; AND
4. Medication must be used in combination with letrozole as initial endocrine-based therapy for the treatment of postmenopausal women; AND
5. Member has tried and failed to respond to treatment with Ibrance.
6. **Dosage allowed:** 600 mg orally (three 200 mg tablets) taken once daily with or without food for 21 consecutive days followed by 7 days off treatment.

If member meets all the requirements listed above, the medication will be approved for 6 months.

For **reauthorization**:

1. Member must be in compliance with all other initial criteria; AND
2. Chart notes have been provided that show the member has shown improvement of signs and symptoms of disease.

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

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

DATE	ACTION/DESCRIPTION
06/23/2017	New policy for Kisqali created.

References:

1. Kisqali [package insert]. East Hanover, NJ; Novartis Pharmaceuticals Corporation: March, 2017.

Effective date: 09/01/2017
Revised date: 06/23/2017