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.

**References:**

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