

PHARMACY POLICY STATEMENT Kentucky 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 <b>NOT</b> MEDICALLY NECESSARY	<a href="#">Click Here</a>

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 be 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