

## **Clinical Policy: Palbociclib (Ibrance)**

Reference Number: HIM.PA.173

Effective Date: 01.01.24

Last Review Date: 12.23

Line of Business: HIM

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

### **Description**

Palbociclib (Ibrance<sup>®</sup>) is an inhibitor of cyclin-dependent kinases 4 and 6 (CDK 4/6).

### **FDA Approved Indication(s)**

Ibrance is indicated for the treatment of hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer in combination with:

- An aromatase inhibitor as initial endocrine-based therapy; or
- Fulvestrant in patients with disease progression following endocrine therapy.

### **Policy/Criteria**

*Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.*

It is the policy of health plans affiliated with Centene Corporation<sup>®</sup> that Ibrance is **medically necessary** when the following criteria are met:

#### **I. Initial Approval Criteria**

##### **A. Breast Cancer** (must meet all):

1. Diagnosis of breast cancer;
2. Prescribed by or in consultation with an oncologist;
3. Age  $\geq$  18 years;
4. Disease has all of the following characteristics (a, b, and c):
  - a. HR-positive (i.e., estrogen receptor (ER) and/or progesterone receptor (PR) positive);
  - b. HER2-negative;
  - c. Advanced, recurrent, or metastatic;
5. Failure of Kisqali<sup>®\*</sup> and Verzenio<sup>®\*</sup>, unless clinically significant adverse effects are experienced or both are contraindicated;  
*\*Prior authorization may be required for Kisqali and Verzenio*
6. Ibrance is prescribed in combination with one of the following (a or b):
  - a. Both of the following (i and ii):
    - i. An aromatase inhibitor (e.g., letrozole, anastrozole, exemestane) as part of initial endocrine-based therapy;
    - ii. If male, an agent that suppresses testicular steroidogenesis (e.g., gonadotropin-releasing hormone agonists);
  - b. Fulvestrant;

7. If member is a premenopausal or perimenopausal female, member has been treated with ovarian ablation or is receiving ovarian suppression (*see Appendix D*);
8. Member has not previously experienced disease progression on a CDK 4/6 inhibitor therapy (e.g., Verzenio<sup>®</sup>, Kisqali<sup>®</sup>);
9. Ibrance is not prescribed concurrently with another CDK 4/6 inhibitor therapy (e.g., Verzenio, Kisqali);
10. For brand Ibrance requests, member must use generic palbociclib, if available, unless contraindicated or clinically significant adverse effects are experienced;
11. Request meets one of the following (a or b):\*
  - a. Dose does not exceed both of the following on Days 1 to 21 of a 28-day cycle (i and ii):
    - i. 125 mg per day;
    - ii. 1 capsule or 1 tablet per day;
  - b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

*\*Prescribed regimen must be FDA-approved or recommended by NCCN*

**Approval duration: 6 months**

**B. Soft Tissue Sarcoma (off-label) (must meet all):**

1. Diagnosis of retroperitoneal well-differentiated/dedifferentiated liposarcoma;
2. Prescribed by or in consultation with an oncologist;
3. Age  $\geq$  18 years;
4. Disease is unresectable;
5. Prescribed as a single agent;
6. Ibrance is not prescribed concurrently with another CDK 4/6 inhibitor therapy (e.g., Verzenio, Kisqali);
7. For brand Ibrance requests, member must use generic palbociclib, if available, unless contraindicated or clinically significant adverse effects are experienced;
8. Dose is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).\*

*\*Prescribed regimen must be FDA-approved or recommended by NCCN*

**Approval duration: 6 months**

**C. Other diagnoses/indications (must meet 1 or 2):**

1. If this drug has recently (within the last 6 months) undergone a label change (e.g., newly approved indication, age expansion, new dosing regimen) that is not yet reflected in this policy, refer to one of the following policies (a or b):
  - a. For drugs on the formulary (commercial, health insurance marketplace) or PDL (Medicaid), the no coverage criteria policy for the relevant line of business: HIM.PA.33 for health insurance marketplace; or
  - b. For drugs NOT on the formulary (commercial, health insurance marketplace) or PDL (Medicaid), the non-formulary policy for the relevant line of business: HIM.PA.103 for health insurance marketplace; or
2. If the requested use (e.g., diagnosis, age, dosing regimen) is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized) AND

criterion 1 above does not apply, refer to the off-label use policy for the relevant line of business: HIM.PA.154 for health insurance marketplace.

## II. Continued Therapy

### A. All Indications in Section I (must meet all):

1. Currently receiving medication via Centene benefit, or documentation supports that member is currently receiving Ibrance for a covered indication and has received this medication for at least 30 days;
2. Member is responding positively to therapy;
3. Ibrance is not prescribed concurrently with another CDK 4/6 inhibitor therapy (e.g., Verzenio, Kisqali);
4. If breast cancer, dose is  $\geq 75$  mg per day;
5. For brand Ibrance requests, member must use generic palbociclib, if available, unless contraindicated or clinically significant adverse effects are experienced;
6. If request is for a dose increase, request meets one of the following (a or b):\*
  - a. New dose does not exceed both of the following on Days 1 to 21 of a 28-day cycle (i and ii):
    - i. 125 mg per day;
    - ii. 1 capsule or 1 tablet per day;
  - b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

*\*Prescribed regimen must be FDA-approved or recommended by NCCN*

### Approval duration: 12 months

### B. Other diagnoses/indications (must meet 1 or 2):

1. If this drug has recently (within the last 6 months) undergone a label change (e.g., newly approved indication, age expansion, new dosing regimen) that is not yet reflected in this policy, refer to one of the following policies (a or b):
  - a. For drugs on the formulary (commercial, health insurance marketplace) or PDL (Medicaid), the no coverage criteria policy for the relevant line of business: HIM.PA.33 for health insurance marketplace; or
  - b. For drugs NOT on the formulary (commercial, health insurance marketplace) or PDL (Medicaid), the non-formulary policy for the relevant line of business: HIM.PA.103 for health insurance marketplace; or
2. If the requested use (e.g., diagnosis, age, dosing regimen) is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized) AND criterion 1 above does not apply, refer to the off-label use policy for the relevant line of business: HIM.PA.154 for health insurance marketplace.

## III. Diagnoses/Indications for which coverage is NOT authorized:

- A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policy – HIM.PA.154 for health insurance marketplace or evidence of coverage documents;
- B. Use as adjuvant therapy in early-stage (stage 0-III) breast cancer.

**IV. Appendices/General Information**

*Appendix A: Abbreviation/Acronym Key*

CDK: cyclin-dependent kinase	iDFS: invasive disease-free survival
ER: estrogen receptor	LHRH: luteinizing hormone-releasing hormone
ET: endocrine therapy	NCCN: National Comprehensive Cancer Network
FDA: Food and Drug Administration	PR: progesterone receptor
HER2: human epidermal growth factor receptor 2	
HR: hormone receptor	

*Appendix B: Therapeutic Alternatives*

*This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.*

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Kisqali <sup>®</sup> (ribociclib)	Breast cancer: 600 mg PO QD for 21 consecutive days followed by 7 days off	600 mg/day
Kisqali <sup>®</sup> Femara (ribociclib/letrozole)	Breast cancer: 600 mg Kisqali PO QD for 21 consecutive days followed by 7 days off  2.5 mg Femara PO QD for a 28-day cycle	Kisqali: 600 mg/day  Femara: 2.5 mg/day
Verzenio <sup>®</sup> (abemaciclib)	Breast cancer: In combination with fulvestrant, tamoxifen, or an aromatase inhibitor: 150 mg PO BID  As monotherapy: 200 mg PO BID	Combination therapy: 300 mg/day  Monotherapy: 400 mg/day

*Drug names are listed as Brand name<sup>®</sup> (generic) when the drug is available by brand name only and generic (Brand name<sup>®</sup>) when the drug is available by both brand and generic.*

*Appendix C: Contraindications/Boxed Warnings*

None reported

*Appendix D: General Information*

- For disease progression while on a CDK4/6 inhibitor, there is no data to support retreatment with another CDK4/6 inhibitor-containing regimen.
- Although the FDA labeled indication limits combination use with fulvestrant to second line for breast cancer, the NCCN recommends this combination as both first and second line (category 1).
- Beginning in April 2020, Pfizer announced they would be switching Ibrance from capsules to tablets. The tablets allow increased flexibility with administration, dose tracking (weekly blister packs), and address dietary concerns (do not contain lactose or gelatin). These formulations are bioequivalent.

- In the Phase 3 PALbociclib CoLlaborative Adjuvant Study (PALLAS) open-label trial, 5,760 patients with stage II-III HR+/HER2-negative early breast cancer were randomized to receive either 2 years of Ibrance with adjuvant endocrine therapy (ET), or ET alone. The primary objective was to compare invasive disease-free survival (iDFS) between arms. At the second interim data analysis, after a median follow-up of 23.7 months (351 events), iDFS was similar between the two arms, with 3-year iDFS of 88.2% for Ibrance plus ET, and 88.5% for ET alone (HR 0.93, 95% CI 0.76-1.15), crossing a pre-specified futility boundary.
- Ovarian ablation may be accomplished by surgical oophorectomy or by ovarian irradiation. Ovarian suppression utilizes luteinizing hormone-releasing hormone (LHRH) agonists that result in suppression of luteinizing hormone and release of follicle-stimulating hormone from pituitary and reduction in ovarian estrogen production. LHRH agonists include goserelin and leuprolide.

## V. Dosage and Administration

Indication	Dosing Regimen*	Maximum Dose
Breast cancer	125 mg PO QD for 21 consecutive days followed by 7 days off treatment for a cycle of 28 days	125 mg/day

*\*If a dose reduction to < 75 mg/day is required, therapy should be discontinued.*

## VI. Product Availability

- Capsules: 75 mg, 100 mg, 125 mg
- Tablets: 75 mg, 100 mg, 125 mg

## VII. References

1. Ibrance Capsules Prescribing Information. New York, NY; Pfizer Labs; December 2022. Available at: [www.ibrance.com/](http://www.ibrance.com/). Accessed July 3, 2023.
2. Ibrance Tablets Prescribing Information. New York, NY; Pfizer Labs; December 2022. Available at: [www.ibrance.com/](http://www.ibrance.com/). Accessed July 3, 2023.
3. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at: [http://www.nccn.org/professionals/drug\\_compendium](http://www.nccn.org/professionals/drug_compendium). Accessed July 3, 2023.
4. National Comprehensive Cancer Network. Breast Cancer Version 4.2023. Available at: [https://www.nccn.org/professionals/physician\\_gls/pdf/breast.pdf](https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf). Accessed July 3, 2023.
5. National Comprehensive Cancer Network. Soft Tissue Sarcoma Version 2.2023. Available at: [https://www.nccn.org/professionals/physician\\_gls/pdf/sarcoma.pdf](https://www.nccn.org/professionals/physician_gls/pdf/sarcoma.pdf). Accessed July 3, 2023.
6. Dickson MA, Tap WD, Keohan ML, et al. Phase II trial of the CDK4 inhibitor PD0332991 in patients with advanced CDK4-amplified well differentiated or dedifferentiated liposarcoma. *J Clin Oncol* 2013;31(16):2024-2028.
7. Mayer EL, Gnant MI, DeMichele A, et al. PALLAS: A randomized phase III trial of adjuvant palbociclib with endocrine therapy versus endocrine therapy alone for HR+/HER2-early breast cancer. Presented at: European Society of Medical Oncology (ESMO) Virtual Congress 2020; September 19-21, 2020. LBA12.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created per August SDC (adapted from CP.PHAR.125, for breast cancer added redirection to Kisqali and Verzenio).	08.22.23	12.23

**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

**Note: For Medicaid members**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

©2023 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene<sup>®</sup> and Centene Corporation<sup>®</sup> are registered trademarks exclusively owned by Centene Corporation.