UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Kisqali

Program	Prior Authorization
Medication	Kisqali® (ribociclib)
Issue Date	5/2017
Pharmacy and Therapeutics Approval Date	5/2017
Effective Date	7/2017

1. Background:

Kisqali (ribociclib) is a kinase inhibitor indicated in combination with an aromatase inhibitor as initial endocrine-based therapy for the treatment of postmenopausal women with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer.

2. Coverage Criteria:

A. Breast Cancer

1. **Initial Authorization**

   a. **Kisqali** will be approved based on **all** of the following criteria:

      (1) Diagnosis of advanced or metastatic breast cancer

      -AND-

      (2) **Both** of the following:

         (a) Disease is hormone receptor (HR)-positive
         (b) Disease is human epidermal growth factor receptor 2 (HER2)-negative

      -AND-

      (3) Used in combination with an aromatase inhibitor [e.g., Femara (letrozole)].

      Authorization will be issued for 12 months.

UnitedHealthcare Community Plan

2. Reauthorization

a. **Kisqali** will be approved based on the following criterion:

(1) Patient does not show evidence of progressive disease while on Kisqali therapy

Authorization will be issued for 12 months.

3. References:

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

Program	Prior Authorization –Kisqali (ribociclib)
Change Control	
Date	Change
5/2017	New program. FDA-approved on 3/13/2017.