



**GEORGIA MEDICAID FEE-FOR-SERVICE
ONCOLOGY, ORAL - BREAST PA SUMMARY**

Preferred	Non-Preferred
Ibrance (palbociclib) Kisqali (ribociclib) Kisqali Femara Co-Pack (ribociclib/letrozole) Nerlynx (neratinib) Piqray (alpelisib) Talzena (talazoparib) Verzenio (abemaciclib)	N/A

LENGTH OF AUTHORIZATION: 1 Year

NOTES:

- Special consideration given for members who have stage IV advanced metastatic cancer.

PA CRITERIA:

Ibrance

- ❖ Approvable for members with a diagnosis of hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative recurrent, advanced or metastatic breast cancer when used in combination with an aromatase inhibitor or with fulvestrant (Faslodex).

Kisqali

- ❖ Approvable for members with a diagnosis of HR-positive, HER2-negative recurrent, advanced or metastatic breast cancer when used in combination with an aromatase inhibitor or with fulvestrant (Faslodex).

Kisqali Femara Co-Pack

- ❖ Approvable for members with a diagnosis of postmenopausal HR-positive, HER2-negative recurrent, advanced or metastatic breast cancer.

Nerlynx

- ❖ Approvable for members with a diagnosis of early-stage (Stage I, II or III) HER2-overexpressed/amplified breast cancer when the member has completed adjuvant (combination) trastuzumab (Herceptin)-based therapy.

Piqray

- ❖ Approvable for postmenopausal or male members with a diagnosis of PIK3CA-mutated, HR-positive, HER2-negative recurrent, advanced or metastatic breast cancer

Talzena

- ❖ Approvable for members with a diagnosis of BRCA-mutated, HER2-negative recurrent, advanced or metastatic breast cancer.



Verzenio

- ❖ Approvable for members with a diagnosis of HR-positive, HER2-negative recurrent, advanced or metastatic breast cancer when used in combination with an aromatase inhibitor.
- ❖ Approvable for members with a diagnosis of HR-positive, HER2-negative recurrent, advanced or metastatic breast cancer who have experienced disease progression on or following endocrine-based therapy when used in combination with fulvestrant (Faslodex) or who have experienced disease progression following endocrine therapy and prior chemotherapy.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.