

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Faslodex (fulvestrant)

CG-DRUG-62

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Faslodex (fulvestrant) 250 mg/5 ml intramuscular injection

APPROVAL CRITERIA

Requests for Faslodex (fulvestrant) may be approved in the treatment of *recurrent or metastatic* breast cancer when all the following criteria are met:

- I. Breast cancer, hormone receptor (HR)-positive; **AND**
- II. Used as a single agent (along with ovarian suppression if indicated) or in combination with palbociclib or abemaciclib.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

1. American Cancer Society. Cancer facts & figures 2018. Atlanta: American Cancer Society; 2018. Available at: <https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2018.html>. Accessed on March 27, 2018.
2. FASLODEX [Product Information], Wilmington, DE. AstraZeneca Pharmaceuticals LP; November 16, 2017. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/021344s0351bl.pdf. Accessed on March 27, 2018.
3. Fulvestrant Monograph. Lexicomp® Online, American Hospital Formulary Services® (AHFS®) Online, Hudson, Ohio, Lexi-Comp., Inc. Last revised August 10, 2017. Accessed on March 27, 2018.
4. Fulvestrant (systemic). In: DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated February 07, 2018. Available at: <http://www.micromedexsolutions.com>. Accessed on March 27, 2018.
5. National Comprehensive Cancer Network®. NCCN Drugs & Biologic Compendium™ (electronic version). For additional information visit the NCCN website: <http://www.nccn.org>. Accessed on March 26, 2018.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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6. National Comprehensive Cancer Network® NCCN Clinical Practice Guidelines in Oncology™. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on March 26, 2018.
 - Breast cancer (V.1.2018). Revised March 20, 2018.
7. Pfizer. Palbociclib (PD-0332991) combined with fulvestrant in hormone receptor+ HER2-negative metastatic breast cancer after endocrine failure (PALOMA-3). NLM Identifier: NCT01942135. Last updated: March 9, 2018. Available at: <https://clinicaltrials.gov/show/NCT01942135>. Accessed on March 27, 2018.

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