

ribociclib (KISQALI)

ribociclib/letrozole (KISQALI FEMARA CoPACK)

Diagnosis Considered for Coverage:

- Hormone receptor (HR)-positive HER2-negative breast cancer
- Estrogen receptor positive (ER+) endometrial carcinoma

Coverage Criteria:

For diagnosis of breast cancer:

- Being used for advanced, recurrent, refractory, or metastatic disease, **and**
- Breast cancer is hormone receptor (HR)-positive and human epidermal growth factor receptor 2 (HER2)-negative, **and**
- Patient is male or a postmenopausal female or premenopausal female receiving ovarian ablation or suppression, **and**
- ***For Kisqali alone:*** Being used in combination with either an aromatase inhibitor (e.g. anastrozole, exemestane, and letrozole) or fulvestrant (Faslodex), **and**
- Dose does not exceed FDA label maximum.

For diagnosis of endometrial cancer:

- Tumor is estrogen receptor positive (ER+), **and**
- Being used for recurrent or metastatic disease or disease is not suitable for primary surgery, **and**
- Being used in combination with letrozole, **and**
- Dose does not exceed NCCN supported maximum.

Coverage Duration: one year

Effective Date: 11/29/2023