

**elacestrant (ORSERDU)**

**Diagnoses Considered for Coverage:**

- Breast Cancer

**Coverage Criteria:**

**For breast cancer:**

- One of the following:
  - Patient has a diagnosis of inflammatory breast cancer which has had no response to preoperative systemic therapy, or
  - Disease is advanced, recurrent unresectable, or metastatic, **and**
- Cancer is ER-positive and HER2-negative, **and**
- Cancer is positive for ESR1-mutation, **and**
- Patient has received at least one previous endocrine therapy for breast cancer, **and**
- Being used as single agent, **and**
- Dose does not exceed 345 mg per day.

**Coverage Duration:** one year

**References:**

1. Prescribing Information. Orserdu. Stemline Therapeutics. 2023.

Effective Date 5/31/2023