

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

## Ixempra (ixabepilone)

Override	Approval Duration
Prior Authorization	1 year

Medication
Ixempra (ixabepilone)

### APPROVAL CRITERIA

Requests for Ixempra (ixabepilone) may be approved if the following criteria are met:

- I. Individual has a diagnosis of breast cancer, metastatic or locally advanced; **AND**
- II. Any of the following indications:
  - A. As a monotherapy in individuals treated with two prior lines of therapy; **OR**
  - B. In combination with capecitabine in individuals previously treated with two lines of therapy; **OR**
  - C. In combination with trastuzumab in individuals with disease resistant to treatment with taxanes; **OR**
  - D. In combination with trastuzumab in the treatment of an individual with locally recurrent or metastatic HER2+ breast cancer with (NCCN 2A); **AND**
    1. Symptomatic visceral disease; **OR**
    2. Either hormone receptor-negative disease or hormone receptor-positive and endocrine refractory disease.

Requests for Ixempra (ixabepilone) may not be approved when the criteria above are not met and for all other indications.

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

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

**Key References:**

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: April 8, 2019
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on April 8, 2019.
  - a. Breast Cancer. V1.2019. Revised March 14, 2019.

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.  
CRX-ALL-0457-19