Evolent Clinical Guideline 3114 for Ibrance™ (palbociclib)

Guideline Number:	Applicable Codes	
Evolent_CG_3114		
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STATEMENT

Purpose

To define and describe the accepted indications for Ibrance (palbociclib) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

Evolent is responsible for processing all medication requests from network ordering providers. Medications not authorized by Evolent may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

INDICATIONS

Continuation requests for a not-approvable medication shall be exempt from this Evolent policy provided

- The member has not experienced disease progression on the requested medication AND
- The requested medication was used within the last year without a lapse of more than 30 days of having an active authorization AND
- Additional medication(s) are not being added to the continuation request.

Breast Cancer

- Ibrance (palbociclib) may be used in members with HR positive and HER2 negative recurrent unresectable or metastatic breast cancer as follows:
    - In combination with an aromatase inhibitor [i.e., Arimidex (anastrozole), Femara (letrozole), Aromasin (exemestane)] in postmenopausal/premenopausal women treated with ovarian oblation/suppression as first line therapy OR
    - In combination with Faslodex (fulvestrant) in postmenopausal/premenopausal women treated with ovarian oblation/suppression as subsequent therapy, if CDK4/6 inhibitor [e.g., Kisqali (ribociclib), Verzenio (abemaciclib)] was not previously used.
- Ibrance (palbociclib) may be used in combination with Itovebi (inavolisib) and Faslodex (fulvestrant) in adult members for the treatment of endocrine-resistant, PIK3CA-mutated, HR-positive, HER2-negative, locally advanced or metastatic breast cancer, as detected by an FDA-approved test, following recurrence on or after completing adjuvant endocrine therapy.
- Ibrance (palbociclib) may be used in combination with trastuzumab/trastuzumab biosimilar, with or without pertuzumab/pertuzumab biosimilar, and endocrine therapy [e.g., fulvestrant or aromatase inhibitors (anastrozole, letrozole or exemestane)] for the

maintenance treatment of adult members with HR-positive, HER2-positive locally advanced or metastatic breast cancer following induction treatment.

- Ibrance (palbociclib) may be used in combination with Revtorpyk (gedatolisib) and fulvestrant for the treatment of adult members with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative locally advanced or metastatic breast cancer without a PIK3CA mutation detected following progression on or after treatment with at least one line of endocrine therapy in the metastatic setting.

CONTRAINDICATIONS/WARNINGS

- Warnings
  - Neutropenia: Monitor complete blood count prior to start of Ibrance (palbociclib) therapy and at the beginning of each cycle, as well as on Day 15 of the first 2 cycles, and as clinically indicated.
  - Interstitial Lung Disease (ILD)/Pneumonitis: Severe and fatal cases of ILD/pneumonitis have been reported. Monitor for pulmonary symptoms of ILD/pneumonitis. Interrupt Ibrance (palbociclib) immediately in patients with suspected ILD/pneumonitis. Permanently discontinue Ibrance (palbociclib) if severe ILD/pneumonitis occurs.

EXCLUSION CRITERIA

- Disease progression while taking Ibrance (palbociclib) OR another CDK4/6 inhibitor [e.g., Kisqali (ribociclib) or Verzenio (abemaciclib)].
- Prior use of chemotherapy or antibody-drug conjugates [e.g., Trodelvy (sacituzumab govitecan), Datroway (datopotamab deruxtecan), Enhertu (fam-trastuzumab deruxtecan-nxki)] in the metastatic setting when using Ibrance (palbociclib) in combination with Revtorpyk (gedatolisib) and fulvestrant.
- Dosing exceeds single dose limit of Ibrance (palbociclib) 125 mg.
- Treatment exceeds the maximum limit of 21 (125 mg, 100 mg, or 75 mg) capsules/month or tablets/month.
- Investigational use of Ibrance (palbociclib) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:
  - Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
  - Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.

- Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definitions of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of less than 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
- Whether the experimental design, considering the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
- That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
- That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
- That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

CODING AND STANDARDS

Codes

- J8999 - palbociclib

Applicable Lines of Business

☐	CHIP (Children's Health Insurance Program)
☒	Commercial
☒	Exchange/Marketplace
☒	Medicaid
☐	Medicare Advantage

POLICY HISTORY

Date	Summary
August 2026	• Updated indication section • Updated exclusion criteria • Updated references
July 2026	• Updated indication section • Updated references
June 2026	• Updated indication section to include use in combination with Itovebi (inavolisib) and Faslodex (fulvestrant) for the treatment of endocrine-resistant, PIK3CA-mutated, HR-positive, HER2-negative, locally advanced or metastatic breast cancer following recurrence on or after completing adjuvant endocrine therapy • Updated references
June 2025	• Converted to new Evolent guideline template • This guideline replaces UM ONC_1272 Ibrance (palbociclib • Updated exclusion criteria • Updated references
June 2024	• Updated NCH verbiage to Evolent

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Services Clinical Guideline Review Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. Evolent clinical guidelines contain guidance that requires prior authorization and service limitations. A list of procedure codes, services or

drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

REFERENCES

1. Hurvitz SA, et al; VIKTORIA-1 Study Group. VIKTORIA-1 Trial of Gedatolisib Plus Fulvestrant With or Without Palbociclib in Hormone Receptor-Positive/HER2-/PIK3CA Wild-Type Advanced Breast Cancer. *J Clin Oncol*. 2026 Apr 20;44(12):1108-1119. doi: 10.1200/JCO-25-02643.
2. Metzger O, et al. Palbociclib for Hormone-Receptor-Positive, HER2-Positive Advanced Breast Cancer. *N Engl J Med*. 2026 Jan 29;394(5):451-462. doi: 10.1056/NEJMoa2511218.
3. Turner NC, et al. Inavolisib-Based Therapy in *PIK3CA*-Mutated Advanced Breast Cancer. *N Engl J Med*. 2024 Oct 31;391(17):1584-1596. doi: 10.1056/NEJMoa2404625.
4. Cristofanilli M, et al. Overall Survival with Palbociclib and Fulvestrant in Women with HR+/HER2- ABC: Updated Exploratory Analyses of PALOMA-3, a Double-blind, Phase III Randomized Study. *Clin Cancer Res*. 2022 Aug 15;28(16):3433-3442. doi: 10.1158/1078-0432.CCR-22-0305.
5. Slamon DJ, et al. Phase III Randomized Study of Ribociclib and Fulvestrant in Hormone Receptor-Positive, Human Epidermal Growth Factor Receptor 2-Negative Advanced Breast Cancer: MONALEESA-3. *J Clin Oncol*. 2018 Aug 20;36(24):2465-2472. doi: 10.1200/JCO.2018.78.9909.
6. Goetz MP, et al. MONARCH 3: Abemaciclib As Initial Therapy for Advanced Breast Cancer. *J Clin Oncol*. 2017 Nov 10;35(32):3638-3646. doi: 10.1200/JCO.2017.75.6155.
7. Sledge GW Jr, et al. MONARCH 2: Abemaciclib in Combination With Fulvestrant in Women With HR+/HER2- Advanced Breast Cancer Who Had Progressed While Receiving Endocrine Therapy. *J Clin Oncol*. 2017 Sep 1;35(25):2875-2884. doi: 10.1200/JCO.2017.73.7585.
8. Turner NC, et al. Overall Survival with Palbociclib and Fulvestrant in Advanced Breast Cancer. *N Engl J Med*. 2018 Nov 15;379(20):1926-1936. doi: 10.1056/NEJMoa1810527.
9. Ibrance prescribing information. Pfizer Labs. New York, NY 2026.
10. Clinical Pharmacology Elsevier Gold Standard 2026.
11. Micromedex® Healthcare Series: Micromedex Drugdex Ann Arbor, Michigan 2026.
12. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2026.
13. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD 2026.
14. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. *J Clin Oncol*. 2014 Apr 20;32(12):1277-80.
15. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: **https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf**.
16. Current and Resolved Drug Shortages and Discontinuations Reported to the FDA: **http://www.accessdata.fda.gov/scripts/drugshortages/default.cfm**.