

PRIOR AUTHORIZATION POLICY

POLICY: Oncology (Injectable) – Fulvestrant Prior Authorization Policy

- Faslodex[®] (fulvestrant intramuscular injection – AstraZeneca; generic)

REVIEW DATE: 06/12/2024

OVERVIEW

Fulvestrant, an estrogen receptor antagonist, is indicated for breast cancer in the following situations:¹

- As monotherapy:
 - Hormone receptor-positive (HR+) [i.e., estrogen receptor-positive (ER+) or progesterone receptor-positive (PR+)], human epidermal growth factor receptor 2 (HER2)-negative advanced breast cancer in postmenopausal women not previously treated with endocrine therapy.
 - HR+ advanced breast cancer in postmenopausal women with disease progression following endocrine therapy.
- Combination therapy:
 - HR+, HER2-negative advanced or metastatic breast cancer in postmenopausal women, in combination with Kisqali[®] (ribociclib tablets), as initial endocrine based therapy or following disease progression on endocrine therapy.
 - HR+, HER2-negative advanced or metastatic breast cancer, in combination with Ibrance[®] (palbociclib capsules) or Verzenio[®] (abemaciclib tablets), in women with disease progression after endocrine therapy.

Fulvestrant binds to the estrogen receptor in a competitive manner.¹ Its affinity to the estrogen receptor is comparable to that of estradiol. By binding to the estrogen receptor, fulvestrant downregulates the estrogen receptor protein in human breast cancer cells.

Guidelines

Fulvestrant is addressed in National Comprehensive Cancer Network (NCCN) guidelines:

- **Breast Cancer:** NCCN guidelines (version 2.2024 – March 11, 2024) recommend fulvestrant as monotherapy and in combination with other agents for the treatment of HR+ breast cancer in postmenopausal women or premenopausal women receiving ovarian ablation or suppression.² Fulvestrant is recommended for use as monotherapy or in combination with trastuzumab in women with HR+, HER2-positive breast cancer (category 2A). In women with HR+, HER2-negative breast cancer, fulvestrant is recommended as a first-line, “Preferred” regimen with a CDK4/6 inhibitor (Kisqali, Verzenio) [both category 1]. It is a category 2A regimen for fulvestrant use in combination with Ibrance. Fulvestrant is recommended as one of the “Other Recommended Regimens” in combination with a non-steroidal aromatase inhibitor (anastrozole, letrozole). Fulvestrant monotherapy is also recommended as first- and subsequent-line therapy as “Other Recommended Regimens” (category 2A). In these women, fulvestrant is recommended in the second- and subsequent-line setting in combination with CDK4/6 inhibitor (if a CDK4/6 inhibitor was not previously used) [category 1], everolimus (category 2A), or Piqray[®] (alpelisib tablets) [if the patient has a phosphatidylinositol 4,5-bisphosphate 3-kinase catalytic subunit alpha (*PIK3CA*)-activating mutation] {category 1}. Fulvestrant in combination with Truqap[™] (capiasertib tablets) is a “Preferred Regimen” for second or subsequent-line therapy in patients with *PIK3CA*/serine/threonine protein kinase 1 (*AKT1*)/phosphatase and tensin homolog (*PTEN*)-alterations after progression or recurrence after one or more prior lines of endocrine therapy, including one line containing a CDK 4/6 inhibitor. Men with breast cancer should be treated similarly to postmenopausal women, except that the use of an aromatase inhibitor is ineffective without

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concomitant suppression of testicular steroidogenesis. Fulvestrant with or without Nerlynx[®] (neratinib tablets) is listed as “Useful in Certain Circumstances” for patients with estrogen receptor-positive (ER+)/HER2-negative disease who have already received CDK4/6 inhibitor therapy (category 2B).

- **Ovarian Cancer, including Fallopian Tube Cancer and Primary Peritoneal Cancer:** NCCN guidelines (version 2.2024 – May 13, 2024) recommend single-agent fulvestrant as “Useful in Certain Circumstances” for the treatment of low-grade serous carcinoma for recurrence therapy in platinum-sensitive and platinum-resistant disease (category 2A).³ Fulvestrant is also recommended under “Other Recommended Regimens” (category 2B) for primary therapy.
- **Uterine Neoplasms:** NCCN guidelines (version 2.2024 – March 6, 2024) recommend fulvestrant under “Other Recommended Regimens” for recurrent or metastatic endometrial carcinoma and for uterine sarcoma (low-grade endometrial stromal sarcoma, adenocarcinoma without sarcomatous overgrowth, or HR+ uterine sarcoma preferably in patient with small tumor volume or an indolent growth pace).⁴ Both settings are category 2A recommendations.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of fulvestrant. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with fulvestrant, as well as the monitoring required for adverse events and long-term efficacy, approval requires fulvestrant to be prescribed by or in consultation with a physician who specializes in the condition being treated.

In the approval indication, as appropriate, an asterisk (*) is noted next to the specified gender. In this context, the specified gender is defined as follows: men/males are defined as individuals with the biological traits of a man, regardless of the individual’s gender identity or gender expression. Female/women are defined as individuals with the biological traits of a woman, regardless of the individual’s gender identity or gender expression.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of fulvestrant is recommended in those who meet one of the following criteria:

FDA-Approved Indications

1. **Breast Cancer – Fulvestrant Monotherapy.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):
 - A) Patient has recurrent or metastatic hormone receptor (HR)-positive (i.e., estrogen receptor [ER]- or progesterone receptor [PR]-positive) disease; AND
 - B) Patient meets ONE of the following (i or ii):
 - i. Patient is a postmenopausal female* or a male*; OR
 - ii. Patient is pre/perimenopausal female* and meets ONE of the following (a or b):
 - a) Patient is receiving ovarian suppression/ovarian ablation with a gonadotropin-releasing hormone (GnRH) agonist; OR
Note: Examples of a GnRH agonist include leuprolide acetate, Lupron Depot (leuprolide acetate intramuscular injection), Trelstar (triptorelin pamoate intramuscular injection), or Zoladex (goserelin acetate subcutaneous implant).
 - b) Patient has had surgical bilateral oophorectomy or ovarian irradiation; AND
 - C) The medication is prescribed by or in consultation with an oncologist.

* Refer to the Policy Statement.

2. Breast Cancer – Fulvestrant Combination Therapy. Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):

A) Patient has recurrent or metastatic hormone receptor (HR)-positive (i.e., estrogen receptor [ER]- or progesterone receptor [PR]-positive) disease; AND

B) Patient meets ONE of the following (i or ii):

i. Patient is a postmenopausal female* or a male*; OR

ii. Patient is pre/perimenopausal female* and meets ONE of the following (a or b):

a) Patient is receiving ovarian suppression/ovarian ablation with a gonadotropin-releasing hormone (GnRH) agonist; OR

Note: Examples of a GnRH agonist include leuprolide acetate, Lupron Depot (leuprolide acetate intramuscular injection), Trelstar (triptorelin pamoate intramuscular injection), or Zoladex (goserelin acetate subcutaneous implant).

b) Patient has had surgical bilateral oophorectomy or ovarian irradiation; AND

C) Patient meets ONE of the following (i or ii):

i. Patient has human epidermal growth factor receptor 2 (HER2)-negative breast cancer and meets ONE of the following (a or b):

a) Patient has progressed on or after at least one prior endocrine-based therapy and patient meets ONE of the following [(1), (2), or (3)]:

Note: Examples of endocrine therapy are tamoxifen, anastrozole, letrozole, exemestane.

(1) Patient has a phosphatidylinositol 4,5-bisphosphate 3-kinase catalytic subunit alpha (*PIK3CA*)-mutated tumor and the medication is used in combination with Piqray (alpelisib tablets); OR

(2) Patient meets ALL of the following [(i), (ii), and (iii)]:

(i) Patient has at least ONE of *PIK3CA*, serine/threonine protein kinase (*AKT1*), or phosphatase and tensin homolog (*PTEN*)-alteration; AND

(ii) The medication is used in combination with Truqap (capivasertib tablets); AND

(iii) The patient has had disease progression on a CDK4/6 inhibitor; OR

(3) The medication will be used in combination with everolimus; OR

b) The medication will be used in combination with a cyclin dependent kinase 4/6 (CDK 4/6) inhibitor or a non-steroidal aromatase inhibitor (i.e., anastrozole or letrozole); OR

Note: Examples of CDK4/6 inhibitors are Kisqali (ribociclib tablets), Ibrance (palbociclib capsules), Verzenio (abemaciclib tablets).

ii. Patient has human epidermal growth factor receptor 2 (HER2)-positive breast cancer and the medication is used in combination with a trastuzumab product; AND

D) The medication is prescribed by or in consultation with an oncologist.

* Refer to the Policy Statement.

Other Uses with Supportive Evidence

3. Endometrial Carcinoma. Approve for 1 year if the medication is prescribed by or in consultation with an oncologist.

4. Ovarian/Fallopian Tube/Primary Peritoneal Cancer. Approve for 1 year if the patient meets BOTH of the following (A and B):

A) Patient has recurrent low-grade serous carcinoma; AND

B) The medication is prescribed by or in consultation with an oncologist.

5. Uterine Sarcoma. Approve for 1 year if the patient meets BOTH of the following (A and B):

- A) Patient meets ONE of the following (i, ii, or iii):
 - i. Patient has low-grade endometrial stromal sarcoma; OR
 - ii. Patient has adenocarcinoma without sarcomatous overgrowth; OR
 - iii. Patient has hormone receptor positive uterine sarcoma; AND
- B) The medication is prescribed by or in consultation with an oncologist.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of fulvestrant is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Faslodex® intramuscular injection [prescribing information]. Wilmington, DE: AstraZeneca; December 2023.
2. The NCCN Breast Cancer Clinical Practice Guidelines in Oncology (version 2.2024 – March 11, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on June 4, 2024.
3. The NCCN Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer Clinical Practice Guidelines in Oncology (version 2.2024 – May 13, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on June 7, 2024.
4. The NCCN Uterine Neoplasms Clinical Practice Guidelines in Oncology (version 2.2024 – March 6, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on June 7, 2024.