Reference number(s)
1897-A

SPECIALTY GUIDELINE MANAGEMENT

IXEMPRA (ixabepilone)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications
   1. In combination with capecitabine for the treatment of metastatic or locally advanced breast cancer resistant to treatment with an anthracycline and a taxane, or whose cancer is taxane resistant and for whom further anthracycline therapy is contraindicated
   2. Monotherapy for the treatment of metastatic or locally advanced breast cancer in patients whose tumors are resistant or refractory to anthracyclines, taxanes, and capecitabine

B. Compendial Uses
   1. Human epidermal growth factor receptor (HER)2-negative recurrent or metastatic breast cancer
   2. HER2-positive recurrent or metastatic breast cancer

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

Authorization of 12 months may be granted for the treatment of breast cancer.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCES

1. Ixempra [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; January 2016.
2. The NCCN Drugs & Biologics Compendium™ © 2018 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed January 15, 2018.
3. National Comprehensive Cancer Network. NCCN clinical practice guidelines in oncology: breast cancer. Version 3.2017. https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf . Accessed January 15, 2018.