# Clinical Policy: Exemestane (Aromasin)

Reference Number: PA.CP.PST.05
Effective Date: 01/18
Last Review Date: 11/16
Line of Business: Medicaid

Coding Implications
Revision Log

**Description**
Exemestane (Aromasin®) is an aromatase inhibitor.

**FDA approved indication**
- Adjuvant treatment of postmenopausal women with estrogen receptor positive early breast cancer who have received two to three years of tamoxifen and are switched to exemestane for completion of a total of five consecutive years of adjuvant hormonal therapy
- Treatment of advanced breast cancer in postmenopausal women whose disease has progressed following tamoxifen therapy

**Policy/Criteria**
**Provider must submit documentation (including office chart notes and lab results) supporting that member has met all approval criteria**

It is the policy of Pennsylvania Health and Wellness® that Aromasin is **medically necessary** when the following criteria are met:

**I. Initial Approval Criteria**

**A. Electronic Step Therapy for Exemestane** (must meet all)**:**

1. Previous use of another PDL aromatase inhibitor for ≥ 60 days unless member experiences clinically significant adverse effects or has contraindication(s) to PDL aromatase inhibitors;
2. Requested dose does not exceed 25mg/day and health plan approved daily quantity limit.

**Approval duration: 12 months**

**II. Continued Therapy**

**A. Electronic Step Therapy for Exemestane** (must meet all)**:**

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or documentation supports that member is currently on this medication, has received this medication and is responding positively to therapy or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. If request is for a dose increase, new dose does not exceed 25mg/day and health plan approved daily quantity limit.

**Approval duration: 12 months**

**III. Diagnoses/Indications for which coverage is NOT authorized:**
N/A

**IV. Appendices/General Information**
*Appendix A: Abbreviation Key*

FDA: Food and Drug Administration
PDL: preferred drug list

## V. Dosage and Administration

One 25 mg tablet by mouth once daily after a meal

## VI. Product Availability

Tablet: 25 mg

## VII. References

1. Exemestane Package Insert. Pine Brook, NJ: Alvogen, Inc.; May 2014.Available at https://dailymed.nlm.nih.gov. Accessed August 2016.
2. Exemestane. In: Clinical Pharmacology. Tampa, FL: Gold Standard; 2016. Available at www.clinicalpharmacology-ip.com. Accessed August 2016.
3. Breast Cancer (Version 2.2016). In National Comprehensive Cancer Network Guidelines. Available at www.NCCN.org. Accessed August 29, 2016.
4. Exemestane. In: National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at www.NCCN.org. Accessed August 29, 2016.

| Reviews, Revisions, and Approvals | Date | Approval Date |
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