

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Elacestrant (Orserdu)

**Notes:**

- Quantity Limits: Yes

**Initiation (new start) criteria:** Formulary **elacestrant (Orserdu)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematologist or oncologist
- Age greater than or equal to 18 years
- Patient has a diagnosis of hormone-positive, HER2-negative, advanced or metastatic breast cancer
- Molecular profiling with ESR1 mutation
- Patient had disease progression while on a CDK 4/6 inhibitor

**Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously:** Formulary **elacestrant (Orserdu)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematologist or oncologist
- Age greater than or equal to 18 years
- Patient has a diagnosis of hormone-positive, HER2-negative, advanced or metastatic breast cancer
- Molecular profiling with ESR1 mutation

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Formulary **elacestrant (Orserdu)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematologist or oncologist
- Age greater than or equal to 18 years
- Patient has a diagnosis of hormone-positive, HER2-negative, advanced or metastatic breast cancer