**IXEMPRA**

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Length of Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ixempra</td>
<td>ixabepilone</td>
<td>3 Months</td>
</tr>
</tbody>
</table>

**Approvable Criteria:**

- Ixempra must be prescribed by, or in consultation with, an oncologist; AND
- Clinically diagnosed metastatic or locally advanced breast cancer; AND
- Must have failed treatment with an anthracycline. (Resistance is defined as progression while on therapy or within 12 months in the adjuvant setting or 4 months in the metastatic setting.); AND
- Must have failed treatment with a taxane. (Resistance is defined as progression while on therapy or within 12 months in the adjuvant setting or 4 months in the metastatic setting.); AND
- Must be used in combination with capecitabine.

**OR**

- May be used alone if the member has experienced treatment failure with capecitabine.

**Dosage and Administration:**

- 40 mg/m² IV over three hours every three weeks.
- If BSA > 2.2 m², dose is calculated based on BSA of 2.2 m².

**Approvable Duration:** 3 Months

**Coverage Renewal Criteria:**
Practitioner must provide updates on disease progression. If disease progression is noted, therapy may not be continued. Otherwise, may be renewed every 3 months. *

**Black Box Warning:** Toxicity in hepatic impairment when given with capecitabine. Combination should not be given or be discontinued if ALT or AST is > 2.5 x ULN or bilirubin is > 1 X ULN.

*For Baptist Health Plan to recognize a chemotherapy regimen as an accepted approach to treatment it must be included in the National Comprehensive Cancer Network® Clinical Practice Guidelines in Oncology (NCCN Guidelines®).*

*References:*