Pharmacy Policy Bulletin: J-1277 Orserdu (elacestrant) – Commercial and Healthcare Reform	
Number: J-1277	**Category:** Prior Authorization
Line(s) of Business: ☒ Commercial ☒ Healthcare Reform ☐ Medicare	**Benefit(s):** **Commercial:** **Prior Authorization (1.):** **1.** Miscellaneous Specialty Drugs Oral = Yes w/ Prior Authorization **Healthcare Reform:** Not Applicable
Region(s): ☒ All ☐ Delaware ☐ New York ☐ Pennsylvania ☐ West Virginia	**Additional Restriction(s):** None
Version: J-1277-004	**Original Date:** 04/05/2023
Effective Date: 04/25/2025	**Review Date:** 04/09/2025

Drugs Product(s):	• Orserdu (elacestrant)
FDA-Approved Indication(s):	• Treatment of postmenopausal women or adult men, with estrogen receptor (ER)-positive, human epidermal growth factor receptor 2 (HER2)-negative, estrogen receptor 1 (*ESR1*)-mutated advanced or metastatic breast cancer with disease progression following at least one line of endocrine therapy.

Background:	• Orserdu is an estrogen receptor antagonist that binds to estrogen receptor-alpha, inhibiting 17β-estradiol mediated cell proliferation leading to anti-tumor activity. • HER2 is a protein that leads to increased growth in breast cancer cells. Breast cancer cells with high levels of HER2 are HER2-positive, while breast cancer cells with small amount HER2 or no HER2 on their surface are HER2-negative. ER-positive indicates that breast cancer cells have estrogen receptors and estrogen can cause tumors to grow. • *ESR-1* mutations may lead to resistance to specific therapies related to estrogen deprivation by aromatase inhibition. • Mechanisms to treat hormone-sensitive breast cancer involve blocking ovarian function with gonadotropin-releasing hormone agonists or luteinizing hormone-releasing agonists; blocking estrogen production with aromatase inhibitors such as Arimidex (anastrozole) and Femara (letrozole); and blocking estrogen's effects with selective estrogen receptor modulators such as Nolvadex (tamoxifen) and Fareston (toremifene) or selective estrogen receptor degraders (SERDs) such as Faslodex (fulvestrant) and Orserdu. • Select patients for treatment based on the presence of *ESR1* mutation(s) in plasma specimen using an FDA-approved test. The FDA approved Guardant 360 CDx assay as a companion diagnostic to identify patients that are eligible for treatment with Orserdu. For information regarding FDA-approved diagnostic tests, please visit: https://www.fda.gov/medical-devices/in-vitro-diagnostics/list-cleared-or-approved-companion-diagnostic-devices-in-vitro-and-imaging-tools. • Prescribing Considerations:

	○ Orserdu has warnings and precautions for dyslipidemia and embryo-fetal toxicity. ○ Orserdu should not be used concomitantly with strong and moderate CYP3A4 inducers and inhibitors.

Approval Criteria

I. Initial Authorization
When a benefit, coverage of Orserdu may be approved when all of the following criteria are met **(A. through F.)**:
- **A.** The member is 18 years of age or older.
- **B.** The member is a male or a postmenopausal female.
- **C.** The member has a diagnosis of advanced or metastatic breast cancer. (ICD-10: C50)
- **D.** Disease is ER-positive, HER2-negative.
- **E.** Disease harbors an *ESR1* mutation, as detected by an FDA-approved test.
- **F.** The member has experienced disease progression following at least one (1) line of endocrine therapy.

II. Reauthorization
When a benefit, reauthorization of Orserdu may be approved when the following criterion is met **(A.)**:
- **A.** The prescriber attests that the member is tolerating therapy and has experienced a therapeutic response defined as one (1) of the following **(1. or 2.)**:
  - **1.** Disease improvement
  - **2.** Delayed disease progression

III. An exception to some or all of the criteria above may be granted for select members and/or circumstances based on state and/or federal regulations.

IV. Coverage of oncology drug(s) listed in this policy may be approved on a case-by-case basis per indications supported in the most current NCCN guidelines.

Limitations of Coverage

I. Coverage of drug(s) addressed in this policy for disease states outside of the FDA-approved indications should be denied based on the lack of clinical data to support effectiveness and safety in other conditions unless otherwise noted in the approval criteria.
II. For Commercial or HCR members with a closed formulary, a non-formulary product will only be approved if the member meets the criteria for a formulary exception in addition to the criteria outlined within this policy.

Authorization Duration

- Commercial and HCR Plans: If approved, up to a 12 month authorization may be granted.

Automatic Approval Criteria

None

References:

1. Orserdu [package insert]. New York, NY: Stemline Therapeutics, Inc. November 2023.
2. American Cancer Society. Breast Cancer HER2 Status. Available at: https://www.cancer.org/cancer/breast-cancer/understanding-a-breast-cancer-diagnosis/breast-cancer-her2-status.html. Accessed February 7, 2025.

3. National Cancer Institute. Dictionary of Cancer Terms. Available at: https://www.cancer.gov/publications/dictionaries/cancer-terms/def/her2-negative. Accessed February 7, 2025.
4. Brett JO, et al. ESR1 mutation as an emerging clinical biomarker in metastatic hormone receptor-positive breast cancer. *Breast Cancer Res*. 2021 Aug 15;23(1):85.
5. DRUGDEX System (Micromedex 2.0). Greenwood Village, CO: Truven Health Analytics; 2025.
6. American Cancer Society. Targeted Drug Therapy for Breast Cancer. Available at: https://www.cancer.org/cancer/breast-cancer/treatment/targeted-therapy-for-breast-cancer.html. Accessed February 7, 2025.
7. Bidard FC, et al. Elacestrant (oral selective estrogen receptor degrader) Versus Standard Endocrine Therapy for Estrogen Receptor-Positive, Human Epidermal Growth Factor Receptor 2-Negative Advanced Breast Cancer: Results From the Randomized Phase III EMERALD Trial. *J Clin Oncol*. 2022 Oct 1;40(28):3246-3256.
8. National Comprehensive Cancer Network. NCCN Guidelines Version 1.2025 Breast Cancer. Available at: https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf. Accessed February 7, 2025.