VENTURA COUNTY
HEALTH CARE PLAN

PRIOR AUTHORIZATION POLICY

POLICY: Oncology – Inluriyo Prior Authorization Policy
- Inluriyo™ (imlunestrant tablets – Eli Lily)

REVIEW DATE: 02/18/2026

OVERVIEW

Inluriyo, an estrogen receptor antagonist, is indicated for the treatment of estrogen receptor-positive (ER+), human epidermal growth factor receptor 2 (HER2)-negative, estrogen receptor 1 gene (*ESR1)*-mutated **advanced or metastatic breast cancer with disease progression** following at least one line of endocrine therapy in adults.[1]

Guidelines

The National Comprehensive Cancer Network (NCCN) breast cancer guidelines (version 1.2026 – January 16, 2026) have the following recommendations for hormone receptor (HR)+, HER2-negative recurrent unresectable (local or regional) or metastatic breast cancer: Inluriyo for *ESR1* mutation and disease progression during or after a prior line of aromatase inhibitor with or without cyclin dependent kinase 4 and 6 (CDK)4/6 inhibitor therapy in the adjuvant or metastatic setting as "other recommended regimen" (category 2A); Inluriyo + Verzenio® (abemaciclib tablets) as second- and/or subsequent-line therapy as "Useful in Certain Circumstances" (category 2A).

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Inluriyo. All approvals are provided for the duration noted below. In the clinical criteria, as appropriate, an asterisk (*) is noted next to the specified gender. In this context, the specified gender is defined as follows: a woman is defined as an individual with the biological traits of a woman, regardless of the individual's gender identity or gender expression; a man is defined as an individual with the biological traits of a man, regardless of the individual's gender identity or gender expression.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Inluriyo is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Breast Cancer**. Approve for 1 year if the patient meets ALL of the following (A, B, C, D, E, F, and G):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient has recurrent or metastatic disease; AND
   - **C)** Patient has hormone receptor-positive (HR+) disease; AND
   - **D)** Patient has human epidermal growth factor receptor 2 (HER2)-negative disease; AND
   - **E)** Patient meets ONE of the following (i or ii):
     - **i.** Patient has estrogen receptor 1 gene (*ESR1)*-mutated disease; OR
     - **ii.** The medication will be used in combination with Verzenio (abemaciclib tablets); AND
   - **F)** Patient has tried at least one endocrine therapy; AND

Note: Examples of endocrine therapy include fulvestrant, anastrozole, exemestane, letrozole, and tamoxifen.

G) Patient meets ONE of the following (i or ii):
- **i.** Patient is a man* or postmenopausal woman*; OR
- **ii.** Patient is a pre/perimenopausal woman* and meets ONE of the following (a or b):
  - **a)** Patient is receiving ovarian suppression/ablation with a gonadotropin-releasing hormone (GnRH) agonist; OR
    Note: Examples of a GnRH agonist include leuprolide acetate, Lupron Depot (leuprolide acetate intramuscular injection), Trelstar (triptorelin pamoate intramuscular injection), and Zoladex (goserelin acetate subcutaneous injection).
  - **b)** Patient has had surgical bilateral oophorectomy or ovarian irradiation.

* Refer to the Policy Statement.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Inluriyo is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Inluriyo™ tablets [prescribing information]. Indianapolis, IN: Eli Lily; September 2025.
2. The NCCN Breast Cancer Clinical Practice Guidelines in Oncology (version 1.2026 – January 16, 2026). © 2026 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on Februray 3, 2026.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	10/01/2025
Selected Revision	**Breast Cancer:** The requirement that the patient has "estrogen receptor-positive (ER+)" disease was reworded to "hormone receptor-positive (HR+)" disease.	10/22/2025
Early Annual Revision	**Breast Cancer:** An option for approval was added when the medication is used in combination with Verzenio (abemaciclib tablets).	02/18/2026