RXADVANCE
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Clinical Policy Title:	abemaciclib
Policy Number:	RxA.546
Drug(s) Applied:	Verzenio®
Original Policy Date:	03/06/2020
Last Review Date:	12/07/2020
Line of Business Policy Applies to:	All lines of business

Background

Abemaciclib (Verzenio®) is an inhibitor of cyclin-dependent kinases 4 and 6 (CDK4/6).
It is indicated:

- In combination with an aromatase inhibitor as initial endocrine-based therapy for the treatment of postmenopausal women with HR-positive, HER2-negative advanced or metastatic breast cancer.
- In combination with fulvestrant for the treatment of women with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer with disease progression following endocrine therapy.
- As monotherapy for the treatment of adult patients with HR-positive, HER2-negative advanced or metastatic breast cancer with disease progression following endocrine therapy and prior chemotherapy in the metastatic setting.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
abemaciclib (Verzenio®)	Breast Cancer	In combination with fulvestrant or an aromatase inhibitor: 150 mg PO twice daily As monotherapy: 200 mg PO twice daily	Combination therapy: 300 mg/day Monotherapy: 400 mg/day

Dosage Forms

- Tablet: 50 mg, 100 mg, 150 mg, and 200 mg

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria

I. Initial Approval Criteria

A. Breast Cancer (must meet all):

1. Diagnosis of breast cancer;
2. Prescribed by or in consultation with an oncologist;

3. Age ≥ 18 years;
4. Disease has all of the following characteristics (a, b, and c):
   a. HR-positive (i.e., estrogen receptor (ER) and/or progesterone receptor (PR) positive);
   b. HER2-negative;
   c. Advanced (locally recurrent) or metastatic;
5. Verzenio® is prescribed in one of the following ways (a, b, or c):
   a. In combination with fulvestrant after disease progression on an endocrine therapy;
   b. As a single agent after disease progression on an endocrine therapy and chemotherapy (e.g., docetaxel, gemcitabine) without prior use of cyclin-dependent kinases 4 and 6 (CDK4/6) inhibition therapy;
   c. In combination with an aromatase inhibitor (e.g., letrozole, anastrozole, exemestane), and:
      i. If male, an agent that suppresses testicular steroidogenesis (e.g., gonadotropin-releasing hormone agonists);
6. Request meets one of the following (a or b):*
   a. Dose does not exceed one of the following (i or ii):
      i. For combination therapy: 300 mg per day (two 150 mg tablets per day);
      ii. For monotherapy: 400 mg per day (two 200 mg tablets per day);
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval Duration
Commercial: 6 months
Medicaid: 6 months

II. Continued Therapy Approval

A. Breast Cancer (must meet all)**:**

1. Member is Currently receiving medication that has been authorized by RxAdvance or documentation supports that member is currently receiving Verzenio® for breast cancer and has received this medication for at least 30 days;
2. Member is responding positively to therapy;
3. Dose is ≥ 100 mg/day;
4. If request is for a dose increase, request meets one of the following (a or b):*
   a. New dose does not exceed one of the following (i or ii):
      i. For combination therapy: 300 mg per day (two 150 mg tablets per day);
      ii. For monotherapy: 400 mg per day (two 200 mg tablets per day);
   b. New dose is supported by practice guideline or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval Duration
Commercial: 12 months
Medicaid: 12 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
CDK: cyclin-dependent kinase
HR: hormone receptor
ER: estrogen receptor
FDA: Food and Drug Administration

HER2: human epidermal growth factor receptor 2
PR: progesterone receptor

APPENDIX B: Therapeutic Alternatives
This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Endocrine therapy		
anastrozole (Arimidex®)	1 mg PO once daily	1 mg/day
exemestane (Aromasin®)	25 mg PO once daily	25 mg/day
Fareston® (toremifene)	60 mg PO once daily	60 mg/day
Faslodex® (fulvestrant)	500 mg IM into the buttocks slowly (1 - 2 minutes per injection) as two 5 mL injections, one in each buttock, on days 1, 15, 29 and once monthly thereafter	500 mg/day
letrozole (Femara®)	2.5 mg PO once daily	2.5 mg/day
tamoxifen (, Soltamox®)	20 to 40 mg PO once daily	40 mg/day
megestrol acetate	40 mg PO QID	160 mg/day
Chemotherapy		
capecitabine (Xeloda®)	Various	Varies
carboplatin (Paraplatin®)	Various	Varies
cisplatin (Platinol-AQ®)	Various	Varies
docetaxel (Taxotere®)	Various	Varies
doxorubicin (Doxil®, Adriamycin®)	Various	Varies
epirubicin (Ellence®)	Various	Varies
gemcitabine	Various	Varies
Halaven® (eribulin)	Various	Varies
Ixempra® (ixabepilone)	Various	Varies
paclitaxel (Abraxane®, Taxol®)	Various	Varies
vinorelbine (Navelbine®)	Various	Varies

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

APPENDIX C: Contraindications/ Boxed Warning

- Contraindication(s):
  - None reported

- Boxed Warning(s):
  - None reported

APPENDIX D: General Information

- The NCCN recommends that men with breast cancer be treated similarly to postmenopausal women, except that the use of an aromatase inhibitor is ineffective without concomitant suppression of testicular steroidogenesis.
- The NCCN supports use of Verzenio® in premenopausal women when used concomitantly with an aromatase inhibitor or fulvestrant. Along with this combination therapy, patients should also be treated with ovarian ablation/suppression. Ovarian ablation can be achieved with surgical oophorectomy or ovarian irradiation. Ovarian suppression can be achieved with luteinizing hormone-releasing hormone agonists (e.g., goserelin, leuprolide).
- For disease progression while on a CDK4/6 inhibitor, there is no data to support retreatment with another CDK4/6 inhibitor-containing regimen.
- Fluoxymesterone and ethinyl estradiol for breast cancer are other endocrine therapies, but they are no longer commercially available.

References

1. Verzenio® Prescribing Information. Indianapolis, IN: Eli Lilly and Company; March 2020. Available at: http://www.verzenio.com. Accessed September 7, 2020.
2. National Comprehensive Cancer Network. Breast Cancer Version 2.2019. Available at: https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf. Accessed September 7, 2020.
3. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at: http://www.nccn.org/professionals/drug_compendium. Accessed September 7, 2020.
4. Abemaciclib, Lexi-Drug. Lexicomp. Wolters Kluwer Health, Inc. Riverwoods, IL. Accessed with subscription at: http://online.lexi.com. Accessed September 07, 2020.
5. Clinical Pharmacology [database online] powered by ClinicalKey. Tampa, FL: Elsevier, 2020. Accessed with subscription at: http://www.clinicalkey.com. Updated January 14, 2020. Accessed September 07, 2020.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	01/2020	03/06/2020
Policy was reviewed: 1. Policy title was updated: Line of business policy applies was updated to All lines of business. 2. Continued therapy criteria II.A.1 was rephrased to “Currently receiving medication that has been authorized by RxAdvance…”. 3. Commercial approval duration was updated from length of benefit to 6 months for initial approval criteria and 12 months for continued approval criteria. 4. For monotherapy, exclude use in members who progressed on CDK4/6 therapy. 5. Appendix B therapeutic alternative was	9/7/2020	12/07/2020

updated, discontinued brands (Nolvadex, Gemzar, Cytoxan , Lipodox) have been removed. 6. References were updated.		