Clinical Policy: Abemaciclib (Verzenio)

Reference Number: PA.CP.PHAR.355
Effective Date: 10.24.17
Last Review Date: 07.18

Revision Log

Description
Abemaciclib (Verzenio®) is an inhibitor of cyclin-dependent kinases 4 and 6 (CDK4 and CDK6).

FDA Approved Indication(s)
Verzenio is indicated:

- 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.
- In combination with an aromatase inhibitor as initial endocrine-based therapy for the treatment of postmenopausal women with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer.

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

It is the policy of health plans affiliated with PA Health & Wellness that Verzenio is **medically necessary** when the following criteria are met:

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. Disease meets 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. Disease is advanced (locally recurrent) or metastatic;
4. Age ≥ 18 years;
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, etc.);
   c. In combination with an aromatase inhibitor as initial endocrine therapy;
6. Dose does not exceed one of the following (a or b):
   a. For combination therapy: 300 mg/day (two 150 mg tablets/day)

b. For monotherapy: 400 mg/day (two 200 mg tablets/day).

Approval duration: 6 months

B. Other diagnoses/indications

1. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53 for Medicaid.

II. Continued Therapy

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

1. Currently receiving medication via PA Health &Wellness benefit or member has met all initial approval criteria or the Continuity of Care Policy (PA.LTSS.PHAR.01) applies;
2. Member is responding positively to therapy;
3. Dose is ≥ 100 mg/day;
4. If request is for a dose increase, new dose does not exceed one of the following (a or b):
   a. For combination therapy: 300 mg/day (two 150 mg tablets/day);
   b. For monotherapy: 400 mg/day (two 200 mg tablets/day).

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via PA Health &Wellness benefit or member has met all initial approval criteria or the Continuity of Care Policy (PA.LTSS.PHAR.01) applies;
   Approval duration: Duration of request or 6 months (whichever is less); or
2. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53 for Medicaid.

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policy – PA.CP.PMN.53 for Medicaid or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

CDK: cyclin-dependent kinase
FDA: Food and Drug Administration
HER2: human epidermal growth factor receptor 2
HR: hormone receptor
ER: estrogen receptor
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 QD	1 mg/day
exemestane (Aromasin®)	25 mg PO QD	25 mg/day
Fareston® (toremifene)	60 mg PO QD	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 QD	2.5 mg/day
tamoxifen (Nolvadex®, Soltamox®)	20 to 40 mg PO QD	40 mg/day
Chemotherapy		
capecitabine (Xeloda®)	Various	Varies
carboplatin (Paraplatin®)	Various	Varies
cisplatin (Platinol-AQ®)	Various	Varies
cyclophosphamide (Cytoxan®)	Various	Varies
docetaxel (Taxotere®)	Various	Varies
doxorubicin (Lipodox®, Doxil®, Adriamycin®)	Various	Varies
epirubicin (Ellence®)	Various	Varies
gemcitabine (Gemzar®)	Various	Varies
Halaven® (eribulin)	Various	Varies
Ixempra® (ixabepilone)	Various	Varies
paclitaxel (Abraxane®, Taxol®)	Various	Varies
vinorelbine (Navelbine®)	Various	Varies

Drug names 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: General Information

- Discontinue Verzenio for patients unable to tolerate 50 mg twice daily.
- Pre/perimenopausal women treated with the combination of Verzenio plus fulvestrant should be treated with a gonadotropin-releasing hormone agonist (e.g., goserelin) according to current clinical practice standards.
- For disease progression while on a CDK4 and CDK6 inhibitor, there is no data to support retreatment with another CDK4 and CDK6 inhibitor-containing regimen.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
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.	150 mg PO BID in combination with fulvestrant	300 mg/day
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.	200 mg PO BID	400 mg/day
Treatment of postmenopausal women with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer in combination with an aromatase inhibitor as initial endocrine based therapy.	150 mg PO BID in combination with an aromatase inhibitor	300 mg/day

VI. Product Availability

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

VII. References

1. Verzenio Prescribing Information. Indianapolis, IN: Eli Lilly and Company; February 2018. Available at: http://pi.lilly.com/us/verzenio-uspi.pdf. Accessed March 20, 2018.
2. Micromedex® Healthcare Series [Internet database]. Greenwood Village, Colo: Thomson Healthcare. Updated periodically. Accessed March 05, 2018.
3. Goetz MP, Toi M, Campone M, et al. MONARCH 3: abemaciclib as initial therapy for advanced breast cancer. J Clin Oncol 2017; 35:3638-3646.
4. National Comprehensive Cancer Network. Breast Cancer Version 4.2017. Available at: https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf. Accessed February 27, 2018.

Reviews, Revisions, and Approvals	Date	P&T Approval Date