



abemaciclib (Verzenio™)

EOCCO POLICY



Policy Type: PA/SP

Pharmacy Coverage Policy: EOCCO074

Description

Abemaciclib (Verzenio) is an orally administered small molecule cyclin-dependent kinase (CKD) 4/6 inhibitor.

Length of Authorization

- Initial: Six months
- Renewal: 12 months

Quantity limits

Product Name	Dosage Form	Indication	Quantity Limit	DDID
abemaciclib (Verzenio)	50 mg tablets	Breast cancer, HER2-negative, HR-positive, advanced or metastatic, for initial endocrine therapy in combination with an aromatase inhibitor	56 tablets/28 days	199757
	100 mg tablets			199758
	150 mg tablets	Breast cancer, HER2-negative, HR-positive advanced or metastatic, for progression following endocrine therapy in combination with fulvestrant		199759
	200 mg tablets	Breast cancer, HER2-negative, HR-positive advanced or metastatic, for progression following endocrine therapy and chemotherapy in the metastatic setting, monotherapy		199760

Initial Evaluation

- I. Abemaciclib (Verzenio) may be considered medically necessary when the following criteria below are met:
 - A. Member is 18 years of age or older; **AND**
 - B. The medication is prescribed by, or in consultation with, an oncologist; **AND**

- C. Abemaciclib (Verzenio) will not be used in combination with any other oncolytic medication, with the exception of aromatase inhibitors (e.g., anastrozole, letrozole) or fulvestrant; **AND**
 - D. The member has not previously progressed on or after treatment with another CDK4/6 inhibitor (e.g., ribociclib [Kisqali], palbociclib [Ibrance]); **AND**
 - E. A diagnosis of **breast cancer** when the following are met:
 - 1. The member has hormone receptor-positive (HR+), and HER2-negative (HER2-) disease; **AND**
 - 2. The member is female; **AND**
 - 3. Disease is advanced (stage III) or metastatic (stage IV); **AND**
 - i. The medication is prescribed for one of the following settings:
 - a. As initial endocrine-based therapy in combination with an aromatase inhibitor (e.g., anastrozole, letrozole); **AND**
 - i. The member is postmenopausal (natural or pharmacotherapy induced [e.g., GnRH therapy used concomitantly [e.g., Lupron]]); **OR**
 - b. Following progression on endocrine therapy, in combination with fulvestrant; **OR**
 - c. Metastatic (stage IV) disease, following endocrine and chemotherapy, which were administered in the metastatic (stage IV) setting.
- II. Abemaciclib (Verzenio) is considered investigational when used for all other conditions, including but not limited to:
- A. In combination with, or following progression on or after, another CDK4/6 inhibitor (e.g., ribociclib [Kisqali], abemaciclib [Verzenio])
 - B. For the treatment of breast cancer in males
 - C. Pancreatic neuroendocrine tumors (pNET)
 - D. Ovarian or endometrial cancer
 - E. Central nervous system cancers (e.g., glioma, astrocytoma, head and neck, etc.)
 - F. Colorectal cancer
 - G. Urothelial or renal cell carcinoma
 - H. Leukemias and lymphomas
 - I. Non-small-cell lung cancer
 - J. Liposarcoma
 - K. Biliary tract carcinoma
 - L. Head and neck cancer



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Renewal Evaluation

- I. Member has not been established on therapy by the use of free samples, manufacturer coupons, or otherwise; **AND**
- II. Member has received a previous prior authorization approval for this agent; **AND**
- III. The medication is prescribed by or in consultation with an oncologist; **AND**
- IV. Abemaciclib (Verzenio) will not be used in combination with any other oncolytic medication with the exception of an aromatase inhibitor (anastrozole, letrozole) or fulvestrant; **AND**
- V. Documentation is provided indicating disease response to therapy, as defined by stabilization of disease, decrease in size of the tumor, or tumor spread.

Supporting Evidence

- I. Abemaciclib (Verzenio) was evaluated in adult, female subjects with HR+, Her2-, advanced or metastatic breast cancer. The following studies were pivotal trials for the approved indications:
 - MONARCH 3: Verzenio in Combination with an Aromatase Inhibitor. The trial evaluated postmenopausal women with no prior systemic therapy, and was a randomized, double-blinded, placebo-controlled trial. Premenopausal women were administered GnRH therapy for at least two weeks prior to initiation of therapy for ovarian suppression and continued throughout the trial. The primary efficacy outcome was Progression-Free Survival (PFS), which favored abemaciclib (Verzenio). A secondary outcome was objective response rate (ORR), which also favored abemaciclib (Verzenio); however, overall survival (OS) data is not yet available.
 - MONARCH 2: Verzenio in Combination with Fulvestrant. The trial evaluated subjects with disease progression on or after adjuvant metastatic endocrine therapy, and was a randomized, placebo-controlled trial. The primary and secondary outcomes mirror that of MONARCH 3, in favor of abemaciclib (Verzenio); however, OS data was not mature at time of FDA-approval.
 - i. The OS data from this trial was reported in September 2019. There was statistically significant OS in favor of abemaciclib (Verzenio) in combination with fulvestrant versus placebo by 9.4 months.
 - MONARCH 1: Verzenio Administered as a Monotherapy in Metastatic Breast Cancer. The trial, a single-arm, open-label trial, evaluated subjects who received prior endocrine therapy and one-to-two lines of chemotherapy in the metastatic setting. The primary outcomes were ORR and median duration of response (DOR).
- II. Clinical trials to date have not included significant numbers of subjects previously treated with other CDK4/6 inhibitors; thus, safety and efficacy of subsequent administration is unknown at

this time. Additionally, CKD4/6 inhibitors have been evaluated as monotherapy, and sufficient safety and efficacy evidence in combination with therapies outside of aromatase inhibitors and fulvestrant remain unknown. National Comprehensive Cancer Network (NCCN) notes a lack of data to support use of an additional CKD4/6 inhibitor after progression on a CDK4/6 regimen.

- III. Endocrine therapies include, but may not be limited to, the following: tamoxifen, anastrozole, letrozole, exemestane. Chemotherapy regimen include, but may not be limited to, the following: doxorubicin, paclitaxel, capecitabine, gemcitabine, cyclophosphamide, carboplatin, docetaxel, cisplatin, and combinations of these therapies.

Investigational or Not Medically Necessary Uses

- I. Abemaciclib (Verzenio) has not been FDA-approved, or sufficiently studied for safety and efficacy, for the conditions or settings listed below:
- A. In combination with, or following progression on or after, another CDK4/6 inhibitor (e.g., ribociclib [Kisqali], abemaciclib [Verzenio])
 - B. Breast cancer in males – consider palbociclib (Ibrance) as an alternative
 - C. Pancreatic neuroendocrine tumors (pNET)
 - D. Ovarian or endometrial cancer
 - E. Central nervous system cancers (e.g., glioma, astrocytoma, head and neck, etc.)
 - F. Colorectal cancer
 - G. Urothelial or renal cell carcinoma
 - H. Leukemias and lymphomas
 - I. Non-small-cell lung cancer
 - J. Liposarcoma
 - K. Biliary tract carcinoma
 - L. Head and neck cancer

References

1. Verzenio [Prescribing Information]. Indianapolis, IN: Eli Lilly and Company. October 2019.
2. Ibrance [Prescribing Information]. New York, NY; Pfizer Laboratories. April 2019.
3. Kisqali [Prescribing Information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; September 2019.
4. NCCN Clinical Practice Guideline in Oncology: Breast Cancer. Version 3.2019. National Comprehensive Cancer Network. Available at https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf. Updated September 6, 2019.
5. Goetz MP, Toi M, Campone M, et al. MONARCH 3: Abemaciclib As Initial Therapy for Advanced Breast Cancer. *J Clin Oncol*. 2017;35(32):3638-3646.
6. Dickler MN, Tolaney SM, Rugo HS, et al. MONARCH 1, A Phase II Study of Abemaciclib, a CDK4 and CDK6 Inhibitor, as a Single Agent, in Patients with Refractory HR(+)/HER2(-) Metastatic Breast Cancer. *Clin Cancer Res*. 2017; 5218-5224.



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7. Sledge GW, Toi M, Neven P, et al. The Effect of Abemaciclib Plus Fulvestrant on Overall Survival in Hormone Receptor-Positive, ERBB2-Negative Breast Cancer That Progressed on Endocrine Therapy-MONARCH 2: A Randomized Clinical Trial. JAMA Oncol. 2019.
8. Sledge GW, Toi M, Neven P, et al. MONARCH 2: Abemaciclib in Combination With Fulvestrant in Women With HR+/HER2-Advanced Breast Cancer Who Had Progressed While Receiving Endocrine Therapy. J Clin Oncol. 2017;35(25):2875-2884.

Policy Implementation/Update:

Date Created	January 2018
Date Effective	February 2018
Last Updated	March 2018, October 2019
Last Reviewed	March 2018, October 2019

Action and Summary of Changes	Date
Criteria transitioned to policy. Addition of adult age, clarification around coverage for concomitant therapies, removal of subgroup analysis exclusions, improvement of renewal criteria to follow standard practice.	10/2019
New indication added, first-line treatment in combination with an aromatase inhibitor.	03/2018
Clarified use of concomitant medication	09/2017