ribociclib (Kisqali®)

EOCCO POLICY

Policy Type: PA/SP Pharmacy Coverage Policy: EOCCO078

Description

Ribociclib (Kisqali) is an orally administered small molecule cyclin-dependent kinase (CDK) 4/6 inhibitor.

Length of Authorization

- Initial: Six months
- Renewal: 12 months

Quantity limits

Product Name	Dosage Form	Indication	Quantity Limit	DDID
ribociclib (Kisqali)	200 mg tablet dose pack	Breast cancer, HR-positive, HER2-negative, advanced or metastatic, for initial endocrine therapy in combination with fulvestrant or an aromatase inhibitor Breast cancer, HR-positive, HER2-negative, advanced or metastatic, for progression following endocrine therapy in combination with fulvestrant	21 tablets/28 days	206140
	400 mg tablet dose pack		42 tablets/28 days	206141
	600 mg tablet dose pack		63 tablets/28 days	206142
ribociclib/letrozole (Kisqali/Femara)	200 mg and 2.5 mg tablet dose pack	Breast cancer, HR-positive, HER2-negative, advanced or metastatic, for initial endocrine therapy in combination with an aromatase inhibitor	49 tablets/28 days	198019
	400 and 2.5 mg tablet dose pack		70 tablets/28 days	198020
	600 and 2.5 mg tablet dose pack		91 tablets/28 days	198021

Initial Evaluation

I. Ribociclib (Kisqali) may be considered medically necessary when the following criteria below are met:
   A. Member is 18 years of age or older; **AND**
   B. Medication is prescribed by, or in consultation with, an oncologist; **AND**
   C. Ribociclib (Kisqali) will not be used in combination with any other oncolytic medication, with the exception of an aromatase inhibitor (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., abemaciclib [Verzenio], 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. The disease is advanced (stage III) or metastatic (stage IV); **AND**
      4. The member is postmenopausal (natural or pharmacotherapy induced [e.g., GnRH therapy used concomitantly [e.g., Lupron]); **AND**
      5. The medication is prescribed for one of the following settings:
         i. Initial endocrine therapy in combination with an aromatase inhibitor or fulvestrant; **OR**
         ii. For progression following endocrine therapy in combination with fulvestrant.

II. Ribociclib (Kisqali) is considered <u>investigational</u> when used for all other conditions, including but <u>not limited to</u>:
   A. In combination with, or following progression on or after, another CDK4/6 inhibitor (e.g., abemaciclib [Verzenio], palbociclib [Ibrance])
   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

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. Ribociclib (Kisqali) will not be used in combination with any other oncolytic medication with the exception of an aromatase inhibitor (e.g., anastrozole, letrozole) or fulvestrant; **AND**
V. Documentation is provided indicating response to therapy, as defined by one of the following: stabilization of disease, decrease in the size of the tumor, or tumor spread.

Supporting Evidence

I. Ribociclib (Kisqali) was evaluated in adult, female subjects with HR-positive, HER2-negative, advanced or metastatic breast cancer. Please note, palbociclib (Ibrance) has NOT been evaluated in males.
    - MONALEESA-2: Randomized, double-blind, placebo-controlled trial comparing ribociclib (Kisqali) in combination with letrozole versus placebo with letrozole. Subjects were treatment naïve for their disease. The outcomes were progression-free survival (PFS) and overall response rate (ORR), which were found to be statistically significant in favor of ribociclib (Kisqali) plus letrozole.
    - MONALEESA-7: Kisqali in Combination with an Aromatase Inhibitor. Randomized, double-blind, placebo-controlled trial of pre-perimenopausal subjects evaluating ribociclib (Kisqali) plus an aromatase inhibitor or tamoxifen with goserelin versus an aromatase inhibitor or tamoxifen and goserelin. The outcomes included PFS and ORR, which were statistically significant in favor of ribociclib (Kisqali).
        i. Overall survival data was reported in June 2019, and showed a hazard ratio (HR) of 0.712 (0.535-0.948; p=0.00973).
    - MONALEESA-3: Randomized, double-blind, placebo-controlled study of ribociclib (Kisqali) in combination with fulvestrant for treatment of postmenopausal women who had received no or only one line or prior endocrine therapy. This was compared to placebo plus fulvestrant. Efficacy primary outcomes were PFS and ORR which were statistically significant in favor of ribociclib (Kisqali).
        i. Overall survival data was reported in September 2019 (HR: 0.74 [p=0.00455]) in favor of ribociclib (Kisqali).

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 regiment 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. Ribociclib (Kisqali) 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., palbociclib [Ibrance], 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. Kisquali [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. Tripathy D, Im SA, Colleoni M, et al. Ribociclib plus endocrine therapy for premenopausal women with hormone-receptor-positive, advanced breast cancer (MONALEESA-7): a randomised phase 3 trial. Lancet Oncol. 2018;19(7):904-915.
6. Im SA, Lu YS, Bardia A, et al. Overall Survival with Ribociclib plus Endocrine Therapy in Breast Cancer. N Engl J Med. 2019;381(4):307-316.
7. O'shaughnessy J, Petrakova K, Sonke GS, et al. Ribociclib plus letrozole versus letrozole alone in patients with de novo HR+, HER2- advanced breast cancer in the randomized MONALEESA-2 trial. Breast Cancer Res Treat. 2018;168(1):127-134.
8. Slamon DJ, Neven P, Chia S, et al. Phase III Randomized Study of Ribociclib and Fulvestrant in Hormone Receptor-Positive, Human Epidermal Growth Factor Receptor 2-Negative Advanced Breast Cancer: MONALEESA-3. J Clin Oncol. 2018;36(24):2465-2472.

Policy Implementation/Update:

Date Created	April 2017
Date Effective	May 2017
Last Updated	October 2019
Last Reviewed	08/2018, 09/2018, 10/2019

Action and Summary of Changes	Date
Criteria transitioned to policy, criteria updated to include age, specialist, limit concurrent therapy, with renewal criteria to align with current practice.	10/2019
Quantity limit and product availability updated with Kisqali-Femara dose pack.	09/2018
Criteria updated: New indications added: pre/perimenopausal setting in combination with aromatase inhibitor, as well as postmenopausal setting in combination with fulvestrant as first or second line endocrine therapy. Initial approval updated from three to six months. Addition of question assessing if previous CDK4/6 inhibitor has been used.	08/2018