PRIOR AUTHORIZATION POLICY

POLICY: Oncology – Verzenio Prior Authorization Policy
- Verzenio™ (abemaciclib tablets – Eli Lilly and Company)

REVIEW DATE: 02/24/2021

OVERVIEW

Verzenio, a cyclin-dependent kinase (CDK) 4/6 inhibitor, is indicated in hormone receptor-positive (HR+), human epidermal growth factor receptor 2 (HER2)-negative **advanced or metastatic breast cancer** in the following settings:[1]

- In combination with an aromatase inhibitor (AI) as initial endocrine-based therapy for the treatment of postmenopausal women.
- In combination with fulvestrant for the treatment of women with disease progression following endocrine therapy. Pre/perimenopausal women treated with Verzenio plus fulvestrant should be treated with a gonadotropin-releasing hormone (GnRH) agonist according to current clinical practice standards.
- As monotherapy for the treatment of adult patients with disease progression following endocrine therapy and prior chemotherapy in the metastatic setting.

Guidelines

The National Comprehensive Cancer Network (NCCN) guidelines on breast cancer (version 1.2021 – January 15, 2021) recommend any of the CDK4/6 inhibitors in combination with an AI or fulvestrant as a first-line preferred treatment option for recurrent or Stage IV HR+ and HER2-negative disease in postmenopausal women or premenopausal patient receiving ovarian ablation or suppression (category 1).[2,3] CDK4/6 inhibitor + fulvestrant is recommended for second- and subsequent-line therapy, if CDK4/6 inhibitor was not previously used (category 1). However, the guidelines also state in a footnote that if there is disease progression on CDK4/6 inhibitor therapy or PI3K inhibitor, there are limited data to support an additional line of therapy with another CDK4/6-containing regimen.[2,4] For men with breast cancer, the compendium recommends they be treated similarly to postmenopausal women, except that the use of an AI is ineffective without concomitant suppression of testicular steroidogenesis.[3]

Supportive Data

A multicenter analysis evaluated clinical outcomes in patients (n = 58) with HR+/HER2-negative metastatic breast cancer who received Verzenio after disease progression on Ibrance (palbociclib tablets) or Kisqali (ribociclib tablets).[4] At data cutoff, 34% of patients (n = 20/58) had progressive disease, while 36% of patients (n = 21/58) had treatment duration exceeding 6 months. The median PFS was 5.8 months. Another case report of Verzenio use after 10 lines of therapy, including Ibrance therapy is available, along with literature review of ongoing studies with other CDK 4/6 inhibitors after prior use of another inhibitor.[5] Ibrance and Kisqali also have ongoing studies assessing for their respective efficacy after progression on another CDK4/6 inhibitor.[6,7] Preliminary results from the Kisqali trial (TRINITI-1), a Phase I/II, open-label trial of triplet therapy (Kisqali + everolimus + exemestane) after progression on prior CDK 4/6 inhibitor and up to three lines of therapy are available.[8] A total of 95 patients were evaluated; 41.1% of patients demonstrated clinical benefit, exceeding the predefined primary endpoint threshold (> 10%). The response rate was 8.4% and the median PFS was 5.7 months, and the 1-year PFS was 33%.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Verzenio. All approvals are provided for 3 years in duration unless otherwise 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; men are defined as individuals with the biological traits of a man, regardless of the individual's gender identity or gender expression.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

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

FDA-Approved Indications

1. **Breast Cancer in Postmenopausal Women*.** Approve for 3 years if the patient meets the following criteria (A, B, and C):
   - **A)** Patient has advanced or metastatic hormone receptor positive (HR+) [i.e., estrogen receptor positive {ER+} and/or progesterone receptor positive {PR+}] disease; AND
   - **B)** Patient has human epidermal growth factor receptor 2 (HER2)-negative breast cancer; AND
   - **C)** Patient meets ONE of the following criteria (i, ii, or iii):
     - **i.** Verzenio will be used in combination with anastrozole, exemestane, or letrozole; OR
     - **ii.** Verzenio will be used in combination with fulvestrant ; OR
     - **iii.** The patient meets the following conditions (a, b, and c):
       - **a)** Verzenio will be used as monotherapy; AND
       - **b)** Patient's breast cancer has progressed on at least one prior endocrine therapy; AND
         Note: Examples are anastrozole, exemestane, letrozole, tamoxifen, Fareston® [toremifene], exemestane plus everolimus, fulvestrant, everolimus plus fulvestrant or tamoxifen, megestrol acetate, fluoxymesterone, ethinyl estradiol.
       - **c)** Patient has tried chemotherapy for metastatic breast cancer.

   ***** Refer to the Policy Statement.

2. **Breast Cancer in Pre/Perimenopausal Women.*** Approve for 3 years if the patient meets the following criteria (A, B, C, and D):
   - **A)** Patient has advanced or metastatic hormone receptor positive (HR+) [i.e., estrogen receptor positive {ER+} and/or progesterone receptor positive {PR+}] disease; AND
   - **B)** Patient has human epidermal growth factor receptor 2 (HER2)-negative breast cancer; AND
   - **C)** Patient is receiving ovarian suppression/ablation with a gonadotropin-releasing hormone (GnRH) agonist or has had surgical bilateral oophorectomy or ovarian irradiation; AND
     Note: Examples are Lupron (leuprolide), Trelstar (triptorelin), Zoladex (goserelin).
   - **D)** Patient meets ONE of the following conditions (i, ii, or iii):
     - **i.** Verzenio will be used in combination with anastrozole, exemestane, or letrozole; OR
     - **ii.** Verzenio will be used in combination with fulvestrant; OR
     - **iii.** Patient meets the following conditions (a, b, and c):
       - **a)** Verzenio will be used as monotherapy; AND
       - **b)** Patient's breast cancer has progressed on at least one prior endocrine therapy; AND
         Note: Examples are anastrozole, exemestane, letrozole, tamoxifen, Fareston® [toremifene], exemestane plus everolimus, fulvestrant, everolimus plus fulvestrant or tamoxifen, megestrol acetate, fluoxymesterone, ethinyl estradiol.

c) Patient has tried chemotherapy for metastatic breast cancer.

***** Refer to the Policy Statement.

Other Uses With Supportive Evidence

3. Breast Cancer in Men*. Approve for 3 years if the patient meets the following criteria (A, B, and C):
- **A)** Patient has advanced or metastatic hormone receptor positive (HR+) [i.e., estrogen receptor positive {ER+} and/or progesterone receptor positive {PR+}]disease; AND
- **B)** Patient has human epidermal growth factor receptor 2 (HER2)-negative breast cancer; AND
- **C)** Patient meets ONE of the following criteria (i, ii, or iii):
  - **i.** Patient meets BOTH of the following conditions (a and b):
    - **a)** Patient is receiving a gonadotropin-releasing hormone (GnRH) analog; AND
      Note: Examples are Lupron (leuprolide), Trelstar (triptorelin), Zoladex (goserelin), Firmagon (degarelix), Orgovyx (relugolix).
    - **b)** Verzenio will be used in combination with anastrozole, exemestane, or letrozole; OR
  - **ii.** Verzenio will be used in combination with fulvestrant; OR
  - **iii.** Patient meets the following conditions (a, b, and c):
    - **a)** Verzenio will be used as monotherapy; AND
    - **b)** Patient's breast cancer has progressed on at least one prior endocrine therapy; AND
      Note: Examples are anastrozole, exemestane, letrozole, tamoxifen, Fareston (toremifene), exemestane plus everolimus, fulvestrant, everolimus plus fulvestrant or tamoxifen, megestrol acetate, fluoxymesterone, ethinyl estradiol.
    - **c)** Patient has tried chemotherapy for metastatic breast cancer**.**

***** Refer to the Policy Statement.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Verzenio 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. Verzenio™ tablets [prescribing information]. Indianapolis, IN: Eli Lilly and Company; March 2020.
2. The NCCN Breast Cancer Clinical Practice Guidelines in Oncology (version 1.2021 – January 15, 2021). © 2021 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on February 21, 2021.
3. The NCCN Drugs & Biologics Compendium. © 2021 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed on February 21, 2021. Search terms: abemaciclib.
4. Wander SA, Zangardi M, Niemierko A, et al. A multicenter analysis of abemaciclib after progression on palbociclib in patients (pts) with hormone-receptor-positive (HR+)/HER2- metastatic breast cancer (MBC). *J Clin Oncol*. 2019;37:15_suppl, 1057-1057.
5. Wender IO, Haines K, Jahanzeb M. Response to abemaciclib after 10 lines of therapy including palbociclib in metastatic breast cancer: a case report with literature review. *Oncol Ther*. 2020;8:351-358.
6. Novartis Pharmaceuticals. Study of ribociclib with everolimus + exemestance in HR+ HER2- locally advanced/metastatic breast cancer post progression on CDK 4/6 inhibitor. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000-[cited 2021 Feb 21]. Available at: https://www.clinicaltrials.gov/ct2/show/NCT02732119?term=02732119&draw=2&rank=1. NLM Identifier: NCT02732119.
7. Dana-Farber Cancer Institute, Pfizer. Palbociclib after CDK and endocrine therapy (PACE). In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000-[cited 2021 Feb 21]. Available at:

https://www.clinicaltrials.gov/ct2/show/NCT03147287?term=03147287&draw=2&rank=1. NLM Identifier: NCT03147287.

8. Bardia A, Hurvitz SA, DeMichele A, et al. Triplet therapy (continuous ribociclib, everolimus, exemestane) in HR+/HER2- advanced breast cancer postprogression on a CDK4/6 inhibitor (TRINITI-1): efficacy, safety, and biomarker results. Abstract 1016. *J Clin Oncol.* 2019;37(15):1016-1016.