BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINE

VERZENIO™ (abemaciclib) Generic Equivalent (if available)

This Pharmacy Coverage Guideline (PCG):
- Provides information about the reasons, basis, and information sources we use for coverage decisions
- Is not an opinion that a drug (collectively "Service") is clinically appropriate or inappropriate for a patient
- Is not a substitute for a provider's judgment (Provider and patient are responsible for all decisions about appropriateness of care)
- Is subject to all provisions e.g. (benefit coverage, limits, and exclusions) in the member's benefit plan; and
- Is subject to change as new information becomes available.

Scope
- This PCG applies to Commercial and Marketplace plans
- This PCG does not apply to the Federal Employee Program, Medicare Advantage, Medicaid or members of out-of-state Blue Cross and/or Blue Shield Plans

Instructions & Guidance
- To determine whether a member is eligible for the Service, read the entire PCG.
- This PCG is used for FDA approved indications including, but not limited to, a diagnosis and/or treatment with dosing, frequency, and duration.
- Use of a drug outside the FDA approved guidelines, refer to the appropriate Off-Label Use policy.
- The "Criteria" section outlines the factors and information we use to decide if the Service is medically necessary as defined in the Member's benefit plan.
- The "Description" section describes the Service.
- The "Definition" section defines certain words, terms or items within the policy and may include tables and charts.
- The "Resources" section lists the information and materials we considered in developing this PCG
- **We do not accept patient use of samples as evidence of an initial course of treatment, justification for continuation of therapy, or evidence of adequate trial and failure.**
- Information about medications that require prior authorization is available at www.azblue.com/pharmacy. You must fully complete the request form and provide chart notes, lab workup and any other supporting documentation. The prescribing provider must sign the form. Fax the form to BCBSAZ Pharmacy Management at (602) 864-3126 or email it to Pharmacyprecert@azblue.com.

Criteria:

- **Criteria for initial therapy:** Verzenio (abemaciclib) and/or generic equivalent (if available) is considered ***medically necessary*** and will be approved when **ALL** the following criteria are met:

  1. Prescriber is a physician specializing in the patient's diagnosis or is in consultation with an Oncologist

  2. Individual is 18 years of age or older

  3. Individual has a confirmed diagnosis of **ONE** of the following:
     a. Used in combination with endocrine therapy (tamoxifen or an aromatase inhibitor) for the adjuvant treatment of hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, node-positive, early breast cancer at high risk of recurrence

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

c. Used in combination with fulvestrant for the treatment of hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer with disease progression following endocrine therapy

d. Used as monotherapy for the treatment of HR-positive, HER2-negative advanced or metastatic breast cancer with disease progression following endocrine therapy and prior chemotherapy in the metastatic setting

e. Other request for a specific oncologic direct treatment use that is found and listed in the National Comprehensive Cancer Network (NCCN) Guidelines with Categories of Evidence and Consensus of 1 and 2A

4. **If available:** Individual has failure after adequate trial, contraindication per FDA label, intolerance, or is not a candidate for a **generic equivalent** [Note: Failure, contraindication or intolerance to the generic should be reported to the FDA] (see Definitions section)

5. Individual has received and completed **ALL** the following **baseline tests** before initiation of treatment and with continued monitoring of the individual as clinically appropriate:
   a. Negative pregnancy test in a woman of childbearing age
   b. Eastern Cooperative Oncology Group (ECOG) Performance Status of 0-1

6. Individual is not taking drugs that may result in a significant drug interaction such as concomitant use with moderate or strong CYP3A inducers (e.g., armodafinil, bexarotene, bosentan, rifampin, rifabutin, phenobarbital, carbamazepine, others)

7. Individual is not using oral ketoconazole

Initial approval duration: 6 months

- **Criteria for continuation of coverage (renewal request):** Verzenio (abemaciclib) and/or generic equivalent (if available) is considered ***medically necessary*** and will be approved when **ALL** the following criteria are met **(samples are not considered for continuation of therapy)**:

1. Individual continues to be seen by a physician specializing in the patient's diagnosis or is in consultation with an Oncologist

2. Individual's condition has responded while on therapy with response defined as there is no evidence of disease progression or unacceptable toxicity

3. Individual has been adherent with the medication

4. **If available:** Individual has failure after adequate trial, contraindication per FDA label, intolerance, or is not a candidate for a **generic equivalent** [Note: Failure, contraindication or intolerance to the generic should be reported to the FDA] (see Definitions section)

5. Individual has not developed any significant adverse drug effects that may exclude continued use such as:
    a. Elevation in AST and/or ALT greater than 3 times ULN with total bilirubin greater than 2 times ULN in the absence of cholestasis
    b. Life-threatening hepatoxicity (greater than 20 times ULN)
    c. Severe or life-threatening interstitial lung disease/pneumonitis

6. Individual is not currently taking any other drugs which cause severe adverse reactions or any drug interactions requiring discontinuation such as use with moderate or strong CYP3A inducers (e.g., armodafinil, bexarotene, bosentan, rifampin, rifabutin, phenobarbital, carbamazepine, others)

7. Individual is not using oral ketoconazole

Renewal duration: 12 months

- Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

    1. **Off-Label Use of Non-Cancer Medications**

    2. **Off-Label Use of Cancer Medications**

Description:

Verzenio (abemaciclib) is indicated in combination with endocrine therapy (tamoxifen or an aromatase inhibitor) for the adjuvant treatment of hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, node-positive, early breast cancer at high risk of recurrence; 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; 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 and 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.

Abemaciclib is an inhibitor of cyclin-dependent kinases 4 and 6 (CDK4 and CDK6). These kinases are activated upon binding to D-cyclins. In estrogen receptor-positive (ER+) breast cancer cell lines, cyclin D1 and CDK4/6 promote phosphorylation, cell cycle progression, and cell proliferation. Abemaciclib inhibits phosphorylation and blocks progression cell cycle phases G1 moving into S phase, resulting in senescence and apoptosis. In breast cancer models, abemaciclib as a single agent or in combination with antiestrogens resulted in reduction of tumor size.

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Definitions:

U.S. Food and Drug Administration (FDA) MedWatch Forms for FDA Safety Reporting
MedWatch Forms for FDA Safety Reporting | FDA

NCCN recommendation definitions:

Category 1:
Based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Category 2A:
Based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Category 2B:
Based upon lower-level evidence, there is NCCN consensus that the intervention is appropriate.

Category 3:
Based upon any level of evidence, there is major NCCN disagreement that the intervention is appropriate

ECOG Performance status:

Eastern Co-operative Oncology Group (ECOG) Performance Status	
Grade	ECOG description
0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
2	Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours
3	Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours
4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair
5	Dead
Oken, M.M., Creech, R.H., Tormey, D.C., Horton, J., Davis, T.E., McFadden, E.T., Carbone, P.P.: Toxicity And Response Criteria Of The Eastern Cooperative Oncology Group. Am J Clin Oncol 5:649-655, 1982	

CDK 4/6 inhibitors:

Verzenio (abemaciclib)
Ibrance (palbociclib)
Kisqali (ribociclib)

Aromatase Inhibitors:

Arimidex (anastrozole)
Femara (letrozole)
Aromasin (exemestane)

Antiestrogens:

Faslodex (fulvestrant)
Tamoxifen
Fareston (toremifene)

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Gonadotropin-Releasing Hormone Analog – for men with breast cancer along with aromatase inhibitors:

- Zoladex (goserelin)
- Vantas (histrelin)
- Eligard, Lupron (leuprolide)
- Trelstar (triptorelin)
- Progestin Combination

Antiandrogens:

- Zytiga, Yonsa (abiraterone)
- Erleada (apalutamide)
- Casodex (bicalutamide)
- Xtandi (enzalutamide)
- Flutamide
- Nilandron (nilutamide)

Resources:

Verzenio (abemaciclib) product information, revised by Eli Lilly and Company 11-2024. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed February 21, 2025.

National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Breast Cancer Version 4.2025 – Updated April 17, 2025. Available at https://www.nccn.org. Accessed April 01, 2025.

Off Label Use of Cancer Medications: A.R.S. §§ 20-826(R) & (S). Subscription contracts; definitions.

Off Label Use of Cancer Medications: A.R.S. §§ 20-1057(V) & (W). Evidence of coverage by health care service organizations; renewability; definitions.