

Generic Name: abemaciclib**Preferred:** N/A**Therapeutic Class or Brand Name:** Verzenio**Non-preferred:** N/A**Applicable Drugs (if Therapeutic Class):** N/A**Date of Origin:** 8/26/2019**GPI Code:** 215310100003**Date Last Reviewed / Revised:** 8/26/2019

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through IV are met)

- I. Documented diagnosis of hormone receptor positive (HR+), human epidermal growth factor receptor 2 negative (HER2-), advanced or metastatic breast cancer and one of the following criteria A through C are met:
 - A. The patient has had no prior endocrine therapy and the following criteria 1 and 2 are met:
 1. The patient is postmenopausal.
 2. Verzenio will be used in combination with an aromatase inhibitor (see Appendix).
 - B. Documented disease progression following treatment with prior endocrine therapy and the following criteria 1 is met:
 1. Verzenio will be used in combination with fulvestrant.
 - C. Documented disease progression following treatment with prior endocrine therapy and prior chemotherapy and criteria 1 and 2 are met:
 1. Chemotherapy regimen was administered in the metastatic setting.
 2. Verzenio will be used as monotherapy.
- II. The patient has had no prior treatment with a CDK 4/6 inhibitor (i.e. abemaciclib, palbociclib, ribociclib) resulting in disease progression.
- III. Minimum age requirement: 18 years old.
- IV. The prescribing physician is an oncologist.

EXCLUSION CRITERIA

- N/A

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Quantities of up to 60 tablets per 30 days.

APPROVAL LENGTH

- Authorization:** 1 year.
- Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

APPENDIX

Endocrine Therapies used in HR+, HER2- breast cancer

Estrogen Agonist/Antagonists	Aromatase inhibitors
Tamoxifen	Anastrozole
Fulvestrant	Letrozole
Toremifene	Exemestane

REFERENCES

- NCCN Clinical Practice Guidelines in Oncology. Breast Cancer v.2.2019. Updated July 2, 2019. Available at: https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf.
- Medi-Span.
- Verzenio® [Package insert] Indianapolis, IN: Lilly USA; June 2019. Available at: <http://pi.lilly.com/us/verzenio-uspi.pdf>.

HISTORICAL TRACKING OF CHANGES MADE TO POLICY

Date	Notes/Changes
8/26/2019	1. New policy.