I. Medication Description

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 of the retinoblastoma protein (Rb), cell cycle progression, and cell proliferation. In vitro, continuous exposure to abemaciclib inhibited Rb phosphorylation and blocked progression from G1 into S phase of the cell cycle, resulting in senescence and apoptosis. In breast cancer xenograft models, abemaciclib dosed daily without interruption as a single agent or in combination with antiestrogens resulted in reduction of tumor size.

II. Position Statement

Coverage is determined through a prior authorization process with supporting clinical documentation for every request.

III. Policy

Coverage of Verzenio is provided when the following criteria are met:

- Member is at least 18 years of age AND
- The medication is prescribed by a hematologist/oncologist AND
- The requested use is supported by the National Comprehensive Cancer Network (NCCN) clinical Guidelines (NCCN Guidelines®) and/or NCCN Drugs & Biologics Compendium (NCCN Compendium®) with a recommendation of category level 1 or 2A.

IV. Quantity Limitations

- 50 mg tablets: covered at up to 56 tablets per each 28 days
- 100 mg tablets: covered at up to 56 tablets per each 28 days
- 150 mg tablets: covered at up to 56 tablets per each 28 days
- 200 mg tablets: covered at up to 56 tablets per each 28 days

V. Coverage Duration

Coverage can be provided for 6 months and may be renewed.
VI. Coverage Renewal Criteria

Coverage can be renewed based upon the following criteria:
- Stabilization of disease or in the absence of disease progression AND
- Absence of unacceptable toxicity from the drug

VII. Billing/Coding Information

Verzenio is available as 50mg, 100mg, 150mg, and 200mg tablets (supplied as blister packs containing 14 tablets each).

VIII. Summary of Policy Changes

- 1/18/18: new policy
- 1/15/18: no policy changes
- 1/30/20: no policy changes

IX. References


The Plan fully expects that only appropriate and medically necessary services will be rendered. The Plan reserves the right to conduct pre-payment and post-payment reviews to assess the medical appropriateness of the above-referenced therapies.

The preceding policy is a guideline to allow for coverage of the pertinent medication/product, and is not meant to serve as a clinical practice guideline.