BlueCross BlueShield Federal Employee Program

VERZENIO
(abemaciclib)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Early breast cancer
    a. HR-positive, HER2-negative, node-positive
    b. Used in combination with endocrine therapy (tamoxifen or an aromatase inhibitor)

2. Advanced or metastatic breast cancer
    a. HR-positive, HER2-negative
    b. Patient has **ONE** of the following:
        i. Used in combination with an aromatase inhibitor as initial endocrine-based
        ii. Used in combination with fulvestrant for the treatment of patients with disease progression following endocrine therapy
        iii. Used as monotherapy for the treatment of patients with disease progression following endocrine therapy and prior chemotherapy in the metastatic setting

AND the following for **ALL** diagnoses:

a. Prescriber agrees to monitor liver function tests (LFTs), and complete blood count (CBCs) prior to initiation of treatment and each month as clinically indicated

Prior - Approval Limits

Quantity

Monotherapy:

Strength	Quantity
50 mg	168 tablets per 84 days
100 mg	168 tablets per 84 days
150 mg	168 tablets per 84 days
200 mg	168 tablets per 84 days

Monotherapy: Any combination up to 400mg/day

In <u>Combination</u> with Fulvestrant, Tamoxifen, or an aromatase inhibitor:

Strength	Quantity
50 mg	168 tablets per 84 days
100 mg	168 tablets per 84 days
150 mg	168 tablets per 84 days
200 mg	**Not applicable**

Combination Therapy: Any combination up to 300mg/day

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Early breast cancer
    a. Used in combination with endocrine therapy (tamoxifen or an aromatase inhibitor)

2. Advanced or metastatic breast cancer **AND ONE** of the following:
    a. Used in combination with an aromatase inhibitor
    b. Used in combination with fulvestrant
    c. Used as monotherapy

AND ALL of the following for **ALL** diagnoses:

a. **NO** disease progression or unacceptable toxicity
b. Prescriber agrees to monitor liver function tests (LFTs), and complete blood count (CBCs) each month as clinically indicated

Prior - Approval *Renewal* Limits

Quantity

<u>Monotherapy</u>:

Strength	Quantity
50 mg	168 tablets per 84 days
100 mg	168 tablets per 84 days
150 mg	168 tablets per 84 days
200 mg	168 tablets per 84 days

Monotherapy: Any combination up to 400mg/day

In <u>Combination</u> with Fulvestrant, Tamoxifen, or an aromatase inhibitor

Strength	Quantity
50 mg	168 tablets per 84 days
100 mg	168 tablets per 84 days
150 mg	168 tablets per 84 days
200 mg	**Not applicable**

Combination therapy: Any combination up to 300mg/day

*Early breast cancer: One renewal **ONLY**

Duration 12 months