

COMPENDIA TRANSPARENCY TRACKING FORM

DATE: July 29, 2022

OFF-LABEL ID #: 2413

DRUG NAME: Abemaciclib

OFF-LABEL USE: Malignant tumor of breast; Metastatic, HER2-negative, hormone receptor-positive, in combination with fulvestrant as initial endocrine-based therapy

COMPENDIA TRANSPARENCY REQUIREMENTS	
1	Provide criteria used to evaluate/prioritize the request (therapy)
2	Disclose evidentiary materials reviewed or considered
3	Provide names of individuals who have substantively participated in the review or disposition of the request and disclose their potential direct or indirect conflicts of interest
4	Provide meeting minutes and records of votes for disposition of the request (therapy)

EVALUATION/PRIORITIZATION CRITERIA: C, *to meet requirement 1

CODE	EVALUATION/PRIORITIZATION CRITERIA
A	Treatment represents an established standard of care or significant advance over current therapies
C	Cancer or cancer-related condition
E	Quantity and robustness of evidence for use support consideration
L	Limited alternative therapies exist for condition of interest
P	Pediatric condition
R	Rare disease
S	Serious , life-threatening condition

Note: a combination of codes may be applied to fully reflect points of consideration [eg, therapy may represent an advance in the treatment of a life-threatening condition with limited treatment alternatives (ASL)]

EVIDENCE CONSIDERED:

*to meet requirements 2 and 4

CITATION	STUDY-SPECIFIC COMMENTS	LITERATURE CODE
<p>Burstein, HJ, Somerfield, MR, Barton, DL, et al: Endocrine Treatment and Targeted Therapy for Hormone Receptor-Positive, Human Epidermal Growth Factor Receptor 2-Negative Metastatic Breast Cancer: ASCO Guideline Update. J Clin Oncol Dec 10, 2021; Vol 39, Issue 35; pp. 3959-3977.</p>		S
<p>Sledge,G.W.,Jr., Toi,M., Neven,P., et al: MONARCH 2: abemaciclib in combination with fulvestrant in women with HR+/HER2- advanced breast cancer who had progressed while receiving endocrine therapy. J Clin Oncol Sep 01, 2017; Vol 35, Issue 25; pp. 2875-2884.</p>		1
<p>Sledge Jr, GW, Toi, M, Neven, P, et al: The Effect of Abemaciclib Plus Fulvestrant on Overall Survival in Hormone Receptor-Positive, ERBB2-Negative Breast Cancer That Progressed on Endocrine Therapy-MONARCH 2: A Randomized Clinical Trial. JAMA Oncol Sep 29, 2019; Vol 6, Issue 1; pp. 116-124.</p>		1

<p>Kaufman, PA, Toi, M, Neven, P, et al: Health-related quality of life in MONARCH 2: abemaciclib plus fulvestrant in hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy. <i>Oncologist</i> Feb 2020; Vol 25, Issue 2; pp. e243-e251.</p>		2
<p>Neven, P, Johnston, SRD, Toi, M, et al: MONARCH 2: subgroup analysis of patients receiving abemaciclib plus fulvestrant as first-line and second-line therapy for HR +, HER2 - -advanced breast cancer. <i>Clin Cancer Res</i> Nov 01, 2021; Vol 27, Issue 21; pp. 5801-5809.</p>	<p>This was an exploratory subgroup analysis of a phase III placebo-controlled randomized clinical trial that investigated abemaciclib plus fulvestrant compared to placebo plus fulvestrant in patients with HR-positive, HER2-negative advanced breast cancer. The risk of bias due to confounding, selection of participants, classification of and deviation from intervention, and missing data were deemed low risk. The risk of bias associated with selection and measurement of outcome was deemed moderate risk due to the primary outcome being based on investigator-assessed progression.</p>	S
<p>Neven, P, Rugo, HS, Tolaney, SM, et al: Abemaciclib plus fulvestrant in hormone receptor-positive, human epidermal growth factor receptor 2-negative advanced breast cancer in premenopausal women: subgroup analysis from the MONARCH 2 trial. <i>Breast Cancer Res</i> Aug 23, 2021; Vol 23, Issue 1; p. 87.</p>		1

Literature evaluation codes: S = Literature selected; 1 = Literature rejected = Topic not suitable for scope of content; 2 = Literature rejected = Does not add clinically significant new information; 3 = Literature rejected = Methodology flawed/Methodology limited and unacceptable; 4 = Other (review article, letter, commentary, or editorial)

CONTRIBUTORS:

*to meet requirement 3

PACKET PREPARATION	DISCLOSURES	EXPERT REVIEW	DISCLOSURES
Megan Smith	None		
Stacy LaClaire, PharmD	None		
Catherine Sabatos, PharmD	None		
		Todd Gersten	None
		Jeffrey Klein	None
		Richard LoCicero	Incyte Corporation Local PI for REVEAL. Study is a multicenter, non-interventional, non-randomized, prospective, observational study in an adult population for patients who have been diagnosed with clinically overt PV and are being followed in either community or academic medical centers in the US who will be enrolled over a 12-month period and observed for 36 months.

ASSIGNMENT OF RATINGS:

*to meet requirement 4

	EFFICACY	STRENGTH OF RECOMMENDATION	COMMENTS	STRENGTH OF EVIDENCE
IBM MICROMEDEX	Effective	Class IIa: Recommended, in Most Cases		B
Jeffrey Klein	Evidence Favors Efficacy	Class IIb: Recommended, in Some Cases	The combination of Abemaciclib with Fulvestrant to treat first line Metastatic breast cancer patients who are HER2-, HR+ showed an increase in overall survival when compared to placebo plus Fulvestrant. The high degree of neutropenia need to be evaluated before and during treatment however.	
Richard LoCicero	Effective	Class IIa: Recommended, in Most Cases	Abemaciclib in combination with fulvestrant has been shown to improve overall survival and progression free survival in a randomized phase III trial. In the trial patients had previous endocrine therapy. Likewise, current guidelines support this approach only in women with previous exposure to endocrine therapy.	

Todd Gersten	Effective	Class IIa: Recommended, in Most Cases	In the MONARCH-2 trial, the addition of abemaciclib to fulvestrant improved median PFS and OS versus fulvestrant alone in metastatic patients receiving front-line endocrine therapy. However, the benefit in PFS was not significant in those with longer durations of adjuvant therapy.	
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