ABEMACICLIB (Verzenios) FULVESTRANT

INDICATION (ICD10) C50

Check the most recent Blueteq eligibility criteria before prescribing. Blueteq registration required. (www.england.nhs.uk/publication/national-cancer-drugs-fund-list/) (ABEM2)

1. The treatment of hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer, without previous everolimus or fulvestrant treatment. PS 0, 1 or 2. (TA725)

REGIMEN

ABEMACICLIB	150mg tablet oral twice daily continuously
FULVESTRANT	500mg IM day 1 (and day 15 cycle 1 only)

CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 28 days until disease progression or unacceptable toxicity.

ADMINISTRATION

Abemaciclib is available as 50mg, 100mg and 150mg tablets.
Abemaciclib tablets should be taken at approximately the same time each day, ideally 12 hours apart.
Swallow whole with or without food.
Contains lactose.
Grapefruit and grapefruit juice should be avoided while on abemaciclib.
Fulvestrant each 500mg dose is administered as two consecutive 250mg (5 ml) injections by slow intramuscular injection (1-2 minutes/injection), one in each buttock (gluteal area).

ANTI-EMETICS

Low risk all days

CONCURRENT MEDICATION REQUIRED

Abemaciclib	Loperamide for diarrhoea

EXTRAVASATION AND TYPE OF LINE / FILTERS

Not applicable

INVESTIGATIONS

Blood results required before SACT administration
FBC, U&Es & LFTs every 2 weeks for first 8 weeks, Then every four weeks for eight weeks and then as indicated (patients should be assessed every 12 weeks).
Baseline day 1 cycle 1 neutrophils should be ≥1.5x10^9/l and platelets ≥100x10^9/l before abemaciclib initiation.
An initial rise in creatinine is expected, usually within the first month, and then stabilises at elevated level, it is not an indication of impaired renal function. Continuously rising creatinine requires further investigation.

MAIN TOXICITES AND ADVERSE REACTIONS

Abemaciclib	Diarrhoea Nausea Raised LFTs Neutropenia Infection VTE

INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS
(not exhaustive list check SPC/BNF/Stockleys)

Abemaciclib	Strong CYP3A4 inhibitors (eg clarithromycin, itraconazole, posaconazole, voriconazole) should be avoided. CYP3A4 inducers (eg carbamazepine, phenytoin) should be avoided. Grapefruit and grapefruit juice should be avoided

DOSE MODIFICATIONS
Fulvestrant
Do not delay fulvestrant doses

Abemaciclib dose combination therapy
Recommended dose 150mg twice daily
First dose adjustment 100mg twice daily
Second dose adjustment 50mg twice daily

Haematological

Neutrophils 0.5–0.99x10^9/l or platelets 25-49x10^9/l	Interrupt abemaciclib until neutrophils ≥1.0x10^9/l and platelets ≥50x10^9/l, then re-start, but continue fulvestrant 1st episode: restart at the same dose Recurrence: restart with one dose reduction
Neutrophils <0.5x10^9/l or platelets <25x10^9/l	Interrupt abemaciclib until neutrophils ≥1.0x10^9/l and or platelets ≥50x10^9/l, then re-start with one dose reduction
Platelets <50x10^9/l.	Consider delaying the fulvestrant

Non-haematological

Diarrhoea grade 1	No dose adjustment required
Diarrhoea grade 2	If toxicity does not resolve within 24 hours to ≤grade 1, suspend dose until resolution. Dose reduction is not required.
Persistent or recurrent grade 2 after resuming the same dose or grade 3-4	Withhold abemaciclib until symptoms resolve to grade ≤1, then resume at the next lower dose
Other than diarrhoea or raised traminases grade 1-2 toxicity	No dose adjustment required
Persistent or recurrent grade 2 toxicity that does not resolve with maximal supportive measures to baseline or grade 1 within 7 days. Grade 3–4 toxicity	Withhold abemaciclib until symptoms resolve to grade ≤1, then resume at next lower dose.

Hepatic impairment

Abemaciclib

ALT/AST >ULN to 5xULN	No dose adjustment required
ALT / AST >5 to 20xULN	Withhold abemaciclib until symptoms resolve to grade ≤1, then resume at the next lower dose
ALT / AST > 20xULN	Discontinue abemaciclib

Fulvestrant

No dose adjustments are necessary in patients with mild or moderate hepatic impairment. However as fulvestrant exposure may be increased fulvestrant should be used with caution in these patients.

There is no data in patients with severe hepatic impairment.

Renal impairment

Abemaciclib and fulvestrant

CrCl ≥30ml/min after 1st month abemaciclib	No abemaciclib or fulvestrant dose adjustments are necessary.
CrCl <30ml/min after 1st month abemaciclib	There are no data regarding abemaciclib administration in patients with CrCl <30ml/min, or in patients on dialysis. Administer with caution with close monitoring for signs of toxicity.

REFERENCES

1. SPC January 2020
2. CDF list www.england.nhs.uk/publication/national-cancer-drugs-fund-list/