

ABEMACICLIB (Verzenios) (with aromatase inhibitor)

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/) (ABEM1)

1. Abemaciclib in combination with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer. PS 0, 1 or 2. (TA563)

REGIMEN

ABEMACICLIB 150mg tablet oral twice daily continuously
Aromatase inhibitor (prescribe appropriate support regimen)

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.

ANTI-EMETICS

Low risk all days

CONCURRENT MEDICATION REQUIRED

Abemaciclib	Loperamide for diarrhoea Aromatase inhibitor (letrozole or anastrozole (or exemestane but exemestane would make patients ineligible for 2 nd line everolimus)) must be prescribed (may be by GP)
-------------	--

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).

Neutrophils should be $\geq 1.5 \times 10^9/l$ and platelets $\geq 100 \times 10^9/l$ 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 TOXICITIES 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

Abemaciclib dose combination therapy

Recommended dose 150mg twice daily

First dose adjustment 100mg twice daily

Second dose adjustment 50mg twice daily

Haematological

Continue endocrine therapy

Abemaciclib

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. 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

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 transaminases 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

Renal impairment

Abemaciclib

CrCl \geq 30ml/min after 1 st month abemaciclib	No abemaciclib dose adjustments are necessary.
CrCl <30ml/min after 1 st 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/
3. Goetz, MP et al; JCO 2017; 35 (32): 3638-3646