Original French opinion adopted by the Transparency Committee

The legally binding text is the original French opinion version

SUMMARY

abemaciclib

VERZENIOS 50, 100 and 150 mg

film-coated tablet

Reassessment at the request of the CT and the pharmaceutical company

Adopted by the Transparency Committee on 26 March 2025

Summary of opinion

Favourable opinion for maintenance of reimbursement only in the treatment of HR-positive/HER2-negative locally advanced or metastatic breast cancer in postmenopausal women without short-term life-threatening symptomatic visceral involvement:

- **in combination with fulvestrant, as first-line treatment of metastatic disease in women in early relapse following adjuvant endocrine therapy, or as second-line treatment of metastatic disease following a first line of endocrine therapy;**
- **in combination with an NSAI (letrozole or anastrozole) as first-line treatment of metastatic disease, either in women with cancer diagnosed at an advanced stage, or in women with late relapse following adjuvant endocrine therapy.**

Transparency Committee's conclusions

Clinical Benefit

In combination with fulvestrant in postmenopausal women

- HR-positive/HER2-negative breast cancer, at the locally advanced or metastatic stage, is a serious, life-threatening disease.
- This is a specific curative cancer treatment.
- The efficacy/adverse effects ratio of abemaciclib in combination with fulvestrant is high in post-menopausal women with HR-positive / HER2-negative locally advanced or metastatic breast cancer, without short-term life-threatening symptomatic visceral involvement, as first-line treatment of metastatic disease in women in early relapse following adjuvant endocrine therapy, or as second-line treatment of metastatic disease following a first line of endocrine therapy.
- VERZENIOS (abemaciclib) in combination with fulvestrant is a first-line treatment for HR-positive / HER2-negative locally advanced or metastatic breast cancer in postmenopausal

women in early relapse following adjuvant endocrine therapy, or a second-line treatment following a first line of endocrine therapy, in the absence of short-term life-threatening symptomatic visceral involvement, in view of the therapies available.

➔ Public health benefit

Considering:

- the seriousness of the disease and its incidence,
- the partially met medical need,
- the additional response provided by VERZENIOS (abemaciclib), in combination with fulvestrant to the identified medical need, given:
  - evidence of an additional impact on morbidity and mortality,
  - the absence of data enabling formal conclusions to be reached concerning quality of life,
  - the absence of an additional impact on the organisation of care,
- the additional impact on the care and/or life pathway which has not been studied,

VERZENIOS (abemaciclib) is unlikely to have an additional impact on public health.

Considering all of these elements, the Committee deems that the clinical benefit of VERZENIOS 50, 100 and 150 mg (abemaciclib) film-coated tablets remains substantial in combination with fulvestrant in postmenopausal women with HR-positive / HER2-negative locally advanced or metastatic breast cancer, without short-term life-threatening symptomatic visceral involvement, as first-line treatment of metastatic disease in women in early relapse following adjuvant endocrine therapy, or as second-line treatment of metastatic disease following a first line of endocrine therapy.

The Committee issues a favourable opinion for maintenance of inclusion of VERZENIOS 50, 100 and 150 mg (abemaciclib) in combination with fulvestrant in postmenopausal women in both the list of drugs covered for outpatients and in the list of drugs covered for inpatients approved for use, at the MA dosages.

In combination with an NSAI in postmenopausal women

➔ HR-positive/HER2-negative breast cancer, at the locally advanced or metastatic stage, is a serious, life-threatening disease.

➔ This is a specific curative cancer treatment.

➔ The efficacy/adverse effects ratio of abemaciclib in combination with a non-steroidal aromatase inhibitor (letrozole or anastrozole) is high in postmenopausal women with HR-positive / HER2-negative locally advanced or metastatic breast cancer, without short-term life-threatening symptomatic visceral involvement, as first-line treatment of metastatic disease in women with cancer diagnosed at an advanced stage, or in women with late relapse following adjuvant endocrine therapy.

➔ VERZENIOS (abemaciclib) in combination with a non-steroidal aromatase inhibitor (letrozole or anastrozole) is a first-line treatment for HR-positive / HER2-negative locally advanced or metastatic breast cancer in postmenopausal women initially diagnosed at the advanced stage or in late relapse following adjuvant endocrine therapy (with a progression-free period of more than 12 months following the discontinuation of adjuvant endocrine therapy) in the absence of short-term life-threatening symptomatic visceral involvement, in view of the therapies available.

➔ Public health benefit

Considering

- the seriousness of the disease and its incidence,
- the partially met medical need,
- the partial response provided by VERZENIOS (abemaciclib) in combination with an NSAI (letrozole or anastrozole) to the identified need, given:
  - evidence of an additional impact on morbidity,
  - the lack of evidence of an additional impact on mortality,
  - the absence of data enabling formal conclusions to be reached concerning quality of life,
  - the absence of an additional impact on the organisation of care,
- the additional impact on the care and/or life pathway which has not been studied,

VERZENIOS (abemaciclib) is unlikely to have an additional impact on public health.

Considering all of these elements, the Committee deems that the clinical benefit of VERZENIOS 50, 100 and 150 mg (abemaciclib) film-coated tablets remains substantial in combination with an NSAI (letrozole or anastrozole) in postmenopausal women with HR-positive / HER2-negative locally advanced or metastatic breast cancer, without short-term life-threatening symptomatic visceral involvement, as first-line treatment of metastatic disease, either in women with cancer diagnosed at an advanced stage, or in women with late relapse following adjuvant endocrine therapy.

The Committee issues a favourable opinion for maintenance of inclusion of VERZENIOS 50, 100 and 150 mg (abemaciclib) in combination with an NSAI (letrozole or anastrozole) in post-menopausal women in both the list of drugs covered for outpatients and in the list of drugs covered for inpatients approved for use, at the MA dosages.

Clinical Added Value

In combination with fulvestrant

Considering:

- evidence of a superiority of abemaciclib in combination with fulvestrant compared to fulvestrant in terms of overall survival (OS, ranked secondary endpoint) after a median follow-up of 48 months (OS median of 47 months in the abemaciclib + fulvestrant group and 37 months in the fulvestrant + placebo group, HR = 0.757; $CI_{95\%}$ = [0.606-0.945]; p = 0.0137);
- the results of the long-term follow-up analysis of overall survival (exploratory) after a median follow-up of 80 months, having suggested a difference in OS equivalent to that observed in the final analysis (the OS median was 46 months in the abemaciclib + fulvestrant group and 37 months in the fulvestrant + placebo group);

and despite:

- a known safety profile, marked, in particular, by haematotoxicity and gastrointestinal disorders (diarrhoea);
- an excess toxicity with the addition of abemaciclib marked, in particular, by grade ≥ 3 adverse events (68.9% versus 27.4%);
- the absence of robust quality of life data,

the Committee deems that VERZENIOS (abemaciclib) in combination with fulvestrant provides a moderate clinical added value (CAV III) compared to fulvestrant alone in the treatment of post-menopausal women with HR-positive / HER2-negative locally advanced or metastatic breast cancer, without short-term life-threatening symptomatic visceral involvement, as first-line treatment of metastatic disease in women in early relapse following adjuvant endocrine therapy, or as second-line treatment of metastatic disease following a first line of endocrine therapy.

In combination with an NSAI (letrozole or anastrozole)

Considering:

- evidence of a superiority of abemaciclib in combination with letrozole or anastrozole compared to letrozole or anastrozole alone on progression-free survival, after a median follow-up of 27 months (HR = 0.540; $CI_{95\%}$ = [0.418; 0.698]; p = 0.000002);

and despite:

- the absence of evidence of a superiority in terms of overall survival of abemaciclib in combination with letrozole or anastrozole compared to letrozole or anastrozole alone after a median follow-up of 97 months (HR = 0.804, $CI_{95\%}$ = [0.637; 1.015]; p = 0.0664, non-significant);
- a known safety profile, marked, in particular, by haematotoxicity and gastrointestinal disorders (diarrhoea);
- an excess toxicity with the addition of abemaciclib marked, in particular, by grade ≥ 3 adverse events (69.4% versus 28.6%);
- the absence of robust quality of life data,

the Committee deems that VERZENIOS (abemaciclib) in combination with letrozole or anastrozole provides a minor clinical added value (CAV IV) compared to letrozole or anastrozole alone in the treatment of postmenopausal women with HR-positive / HER2-negative locally advanced or metastatic breast cancer, without short-term life-threatening symptomatic visceral involvement, as first-line treatment of metastatic disease, either in women with cancer diagnosed at an advanced stage, or in women with late relapse following adjuvant endocrine therapy.