Oregon Prescription Drug
Affordability Board

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Verzenio®
(*abemaciclib*)[1]

Version 1.0

[1] Image source: https://www.chemicalbook.com/NewsImg/2023-07-18/638252704151486974771185.jpg

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Document version history

Version	Date	Description
v1.0	07/07/2026	Original release

Review summary

Therapeutic alternatives[2,3,4]

Verzenio (*abemaciclib*) has the following therapeutic alternatives: **Ibrance** and **Kisquali**.

Table 1 Subject drug and therapeutic alternative information

Proprietary name	Non-proprietary name	Manufacturer	Year approved	Number of patents	Patent date range	Exclusivity expiration	On the CMS drug Maximum Fair Price (MFP) list
Verzenio[5]	*abemaciclib*	Eli Lilly & Co.	2017	1	Through 2031	-	Yes (2028)
Ibrance	*palbociclib*	Pfizer Inc.	2015	6	2027-2037	2028-2029	Yes (2027)
Kisqali	*ribociclib succinate*	Novartis Pharmaceuticals Corp.	2017	24	2028 – 2036	2027-2028	Yes (2028)

Price history[6,7]

Verzenio® (*abemaciclib*) WAC per 30-day supply **increased** at an **average annual rate of 4.9 percent** from 2019 to 2025.

- In the same time period, its therapeutic alternatives WAC per 30-day supply increased at these rates:
    - Ibrance: 4.8 percent

[2]Approved Drug Products with Therapeutic Equivalence Evaluations | Orange Book. U.S. Food & Drug Administration. https://www.fda.gov/drugs/drug-approvals-and-databases/approved-drug-products-therapeutic-equivalence-evaluations-orange-book.
[3] Frequently Asked Questions on Patents and Exclusivity, U.S. Food & Drug Administration, Feb. 5, 2020. https://www.fda.gov/drugs/development-approval-process-drugs/frequently-asked-questions-patents-and-exclusivity#What_is_the_difference_between_patents_a.
[4] Selected Drugs and Negotiated Prices. Centers for Medicare & Medicaid Services. https://www.cms.gov/priorities/medicare-prescription-drug-affordability/overview/medicare-drug-price-negotiation-program/selected-drugs-and-negotiated-prices.
[5] No exclusivity was listed for Verzenio in the U.S. Food & Drug Administration Orange Book Database.
[6] Medi-Span. Wolters Kluwer, 2025. https://www.wolterskluwer.com/en/solutions/medi-span/medi-span.
[7] Consumer Price Index. U.S. Bureau of Labor Statistics. https://www.bls.gov/cpi/tables/supplemental-files/.

- Kisqali: 6.2 percent

Additionally, the average annual rate of Verzenio exceeded inflation in **2020, 2023, 2024 and 2025**.

Price concessions [8]

Based on data received from healthcare carriers, Verzenio in 2024 had an **average gross spend of $13,569 per claim**, while the **average net spend after discount was $11,655 per claim**. Price concession per claim was reported to be **$1,914,** resulting in an **average price concession of 14.1 percent per claim**.

Cost to the payers[9]

Table 2 2024 APAC payer annual total expenditure, claims, and cost per enrollee[10]

Proprietary name	No. of enrollees[11]	No. of claims	Total payer paid	Cost per enrollee, mean	Cost per claim, median
Verzenio	355	2,891	$38,491,663	$108,427	$14,974
Ibrance	261	2,188	$32,214,431	$123,427	$15,640
Kisqali	246	1,544	$21,112,728	$85,824	$14,158

Cost to enrollees[12]

Table 3 2024 gross APAC annual enrollee out-of-pocket (OOP) cost[13]

Proprietary name	Total paid by enrollee	OOP cost per enrollee, median	OOP cost per claim, mean	OOP cost per claim, median
Verzenio	$845,280	$0	$292	$0

[8] Based on data submitted to the Department of Consumer and Business Services (DCBS) by Oregon's commercial insurance carriers. The data call includes information about the cost of the drug before and after price concessions in the commercial market.

[9] Based on Oregon's 2024 All Payer All Claims (APAC) data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons. For more information regarding APAC data visit: https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/All-Payer-All-Claims.aspx.

[10] The totals for amounts paid, costs, and claims are from both medical and pharmacy reporting.

[11] The number of enrollees is derived from unique individuals collected from APAC at the drug level. A single unique individual may occur across multiple lines of business, indicating that an enrollee can be counted for each claim line of business. As a result, this leads to the elevated enrollment numbers presented in Table 6, 9, and 10 as compared to other totals indicated in this report.

[12] Based on Oregon's 2024 All Payer All Claims (APAC) data across commercial insurers and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons. For more information regarding APAC data visit: https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/All-Payer-All-Claims.aspx.

[13] Total patient out-of-pocket costs is the sum of reported copayments, coinsurances, and deductibles.

Proprietary name	Total paid by enrollee	OOP cost per enrollee, median	OOP cost per claim, mean	OOP cost per claim, median
Ibrance	$395,623	$40	$181	$0
Kisqali	$356,500	$0	$231	$0

Rubric considerations

Table 4 Rubric domains and scoring considerations

Domain	Consideration
Number of APAC enrollees	355
Price evaluation	Average annual percent chang in WAC of 4.9% from 2019-2025
Price concessions	14.1% of claims received rebates or price concessions
System & payer costs	$38,491,663 gross payer paid
Enrollee burden	$2,381 mean of APAC enrollee OOP annual cost
Equity impact	TBD
Access restrictions such as prior authorization, etc.	Yes
Less expensive therapeutic alternative available	Yes
Stakeholder input identify affordability or financial concerns	Yes
Patent expirations more than 18 months away	Yes
Absent from the CMS MFP review list	No

Review background

This review incorporates supporting information from Medi-Span, FDA databases (e.g., Orange Book, Purple Book), and other publicly available data where applicable.

Two primary data sources inform this review: the Oregon All Payers All Claims (APAC) Reporting Program database and the Oregon commercial carrier data call. APAC aggregates claims data across all payer types in Oregon, including Medicaid, Medicare, and commercial plans, and presents gross cost estimates. In contrast, the data call reflects submissions from 11 commercial health insurers and reports primarily net costs after manufacturer rebates, PBM discounts, and other price concessions. As a result, APAC generally reflects larger total claims and cost figures due to broader reporting for more enrollees, while the data call offers insight into actual expenditures from private payers in the commercial market.

In 2023, APAC included data for approximately 3.5 million Oregonians. Approximately 27% of people in APAC had Medicare coverage, 33% of people had Medicaid coverage, and 39% of people had commercial coverage. APAC cannot require submission of claims and enrollment data from entities regulated under the Employee Retirement Income Security Act of 1974 (ERISA), so data for many self-insured plans are not included.[14,15] For these drug reviews, APAC data on people with Medicare coverage are limited to Medicare Advantage and Part D only and do not include claims for Traditional Medicare Part A or Part B.

In this review, cell values with enrollee counts derived from APAC data are suppressed to protect confidentiality when the cell has 30 or fewer individuals. In data tables, this is shown as "<31$^{\alpha}$" with the α (alpha) superscript indicating the exact value of the cell value has been suppressed to protect confidentiality. In some tables, secondary suppression is applied to cell values to prevent backward calculation of other suppressed values. Cells with secondary suppression are shown as a value range with a β (beta) superscript, such as "100-200$^{\beta}$".

The 2026 Oregon commercial carrier data call included data from commercial health plans providing coverage for approximately 800,000 Oregonians based on claims in 2024.[16] The data call is limited to fully-insured plans that are regulated by the state and does not include coverage regulated under ERISA.

This review addresses the affordability review criteria to the extent practicable. Due to limitations in scope and resources, some criteria receive minimal or no consideration.

In accordance with OAR 925-200-**0020**, PDAB conducted affordability reviews on prioritized prescription drugs selected under OAR 925-200-**0010**. The board selected ten drugs and two insulin products for affordability review in 2026. The selection process emphasized brand-name products with substantial cost impact and excluded antivirals, toxoids, vaccines, and products with available therapeutic equivalents or biosimilars as of February 2026. The board also removed from consideration products reviewed in 2025 and determined to possibly have potential system- or patient-level cost implications. To ensure broad relevance across Oregon's insured population, the board prioritized drugs reported by seven or more commercial health carriers.

[14] Oregon All Payer All Claims Database (APAC) Data User Guide. Version 1.1 updated Nov 19, 2025. APAC-Data-User-Guide.pdf. The number of people represented in 2024 APAC data has not been published as of May 2026.
[15] For 2024, the DCBS Division of Financial Regulation reported that just under one million people in Oregon were enrolled in commercial health plans and slightly more than one million people in Oregon were enrolled in self-insured health plans. *2024 Quarterly enrollment report*, https://dfr.oregon.gov/business/reg/reports-data/annual-health-insurance-report/Pages/health-ins-enrollment.aspx, accessed June 1, 2026.
[16] The number of people covered by plans reporting to the commercial carrier data call was estimated using 2024 insurer data reported in 2025 to the Oregon Drug Price Transparency Program which receives reports on state-regulated health insurance plans.

For insulin products, the board focused on products with the highest end-of-year unit prices while excluding those with fewer than 100 covered enrollees. Insulin glargine products reviewed by the board in 2025 were also removed to maintain focus on products not yet evaluated. This approach ensured that the final selection aligned with statutory intent, reflected consistent application of rule-based selection factors, and supported a comprehensive assessment of products with meaningful affordability implications for Oregon's health care system and patients.

Visit the PDAB webpage for more information about purpose and statutory authority of the Oregon Prescription Drug Affordability Board (PDAB).

Drug information

Table 5 Drug and FDA information[17]

Drug proprietary name(s)	Verzenio®
Non-proprietary name (active ingredients)	*abemaciclib*
Manufacturer	Eli Lilly and Company
Pharmacologic category	Antineoplastics and adjunctive therapies
Treatment	Treatment of hormone receptor–positive (HR+), HER2-negative breast cancer in adults across both early-stage and advanced disease.
Dosage strength	50 mg, 100 mg, 150 mg, and 200 mg.
Form/Route	Tablet/Oral
Physician administered	No
NDCs reviewed	00002448354 00002481554 00002533754 00002621654
First approved by the FDA	Feb. 26, 2018
Expedited forms of approval by the FDA	Priority
Designations under the Orphan Drug Act	No

Health equity considerations

ORS 646A.694(1)(a) and OAR 925-200-0020 (1)(a) & (2)(a)(A-B). Limitations in scope and resources available for this statute requirement.

[17] U.S. Food and Drug Administration. *Verzenio –Prescribing Information.* February 2018. Accessed at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/208855s000lbl.pdf

Claims data from APAC was evaluated for health equity considerations related to utilization in Oregon. The analysis included line of business (payer type), race, ethnicity, and gender where available and evaluated member counts, claims numbers, insurer paid amounts, and enrollee out-of-pocket costs.

Verzenio claims were primarily **observed among commercial enrollees**. Median and average claim costs were reviewed to understand typical and overall impacts. Median enrollee costs were generally similar across coverage categories, while average costs were higher in some groups, indicating a smaller number of higher-cost claims. Race, ethnicity, and gender information was included in the review; however, a substantial proportion of records were categorized as unknown, limiting interpretation of demographic differences.

Table 6 2024 APAC claim and enrollee count by line of business

Line of business	Claim count	Enrollee count[18]	Claims per enrollee
Commercial	1,646	190	8.7
Medicaid	643	91	7.1
Medicare	602	109	5.5
Total	2,891	355	8.1

Table 7 2024 APAC cost by line of business

Line of business	Total payer paid	Mean payer paid/claim	Median payer paid/claim	Total enrollee OOP[19]	Mean enrollee OOP/claim	Median enrollee OOP/claim
Commercial	$20,181,966	$12,261	$14,484	$680,410	$413	$0
Medicaid	$9,646,594	$15,002	$15,416	$0	$0	$0
Medicare	$8,577,880	$14,249	$14,974	$158,250	$263	$0

Table 8 2024 APAC mean and median insurer and enrollee out-of-pocket costs per claim, by race

Race	Claims	Mean payer paid	Median payer paid	Mean enrollee OOP[20]	Median enrollee OOP
White	971	$13,851	$15,100	$303	$0

[18] The number of enrollees is derived from unique individuals collected from APAC at the drug level. A single unique individual may occur across multiple lines of business, meaning that an enrollee can be counted for each claim line of business. As a result, the difference in enrollment numbers may be different as compared to other totals indicated in this report.

[19] Total patient out-of-pocket costs is the sum of reported copayments, coinsurances, and deductibles for all enrollees in a line of business.

[20] The mean only includes claims paid from commercial and Medicare enrollees. Medicaid enrollees had [$]0 out-of-pocket costs.

Race	Claims	Mean payer paid	Median payer paid	Mean enrollee OOP[20]	Median enrollee OOP
Black/African American	23	$14,266	$15,307	$0	$0
American Indian/Alaska Native	5	$14,549	$14,743	$0	$0
Asian	4	$15,992	$15,992	$0	$0
Native Hawaiian/Pacific Islander	18	$14,797	$15,067	$32	$0
Mix race	19	$14,604	$15,416	$120	$0
Other	260	$14,758	$15,100	$31	$0
Refused to answer	23	$15,246	$15,163	$0	$0
Unknown	1,568	$12,603	$14,774	$340	$0

Table 9 2024 APAC claim counts and enrollee counts, by ethnicity

Ethnicity	Claim count	Enrollee count
Hispanic	263	<31[α]
Non-Hispanic	1,148	100-200[β]
Unknown	1,480	191

Table 10 2024 APAC claim counts and enrollee counts, by gender

Gender	Claim count	Enrollee count
Female	2,742	332
Male	15	<31[α]
Unknown	134	<31[α]

Residents prescribed

ORS 646A.694(1)(b) and OAR 925-200-0020(1)(b) & (2)(b). Data source from APAC.

Based on APAC, **355 enrollees filled prescriptions** for Verzenio with **2,981 claims paid by payers** in 2024.[21]

[21] Number of 2024 enrollees in APAC database across commercial insurers, Medicaid, and Medicare. For more information regarding APAC data: https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/All-Payer-All-Claims.aspx.

Price for the drug

ORS 646A.694(1)(c) and OAR 925-200-0020(1)(c) & (2)(e), (f), & (g). Data source from Medi-Span, APAC, and carrier data call.

This section examines the pricing dynamics of Verzenio, drawing on multiple data sources to characterize its historical price trends and implications for affordability. It includes an analysis of the drug's wholesale acquisition cost (WAC), compared to its therapeutic alternatives. Verzenio does not appear on the Oregon AAAC list; therefore, AAAC acquisition cost data are not available. This section's data provides a comprehensive view of Verzenio's list price trajectory, and the degree to which the list price impacts costs.

Price history

WAC per 30-day supply was calculated with package and unit WAC from Medi-Span based on the most utilized NDC in APAC in 2024 and was reviewed as an indication of historic price trends for the drug. However, WAC does not account for discounts, rebates, or other changes to the drug's cost throughout the supply chain.

Table 11 30-day supply for review drug and its therapeutic alternatives

	Verzenio	Ibrance	Kisqali
30-day supply	60 tablets	21 tablets	63 tablets
Reference NDC	00002481554	00069068803	00078087463
Strength	100 MG	125 MG	200 MG

Table 12 Review drug vs therapeutic alternatives for 2019-2025 WAC per 30-day supply[22]

Year	Verzenio	Ibrance	Kisqali
2019	$12,570	-	$12,553
2020	$13,261	$12,449	$13,243
2021	$13,991	$13,072	$14,170
2022	$14,760	$13,974	$15,162
2023	$15,572	$15,078	$16,375
2024	$16,506	$15,982	$17,685
2025	$17,497	$16,462	$19,100
Avg. Annual % Change	4.9%	4.8%	6.2%

[22] Medi-Span. Wolters Kluwer, 2025. https://www.wolterskluwer.com/en/solutions/medi-span/medi-span.

% change 2019 between 2025	39.2%	-	52.2%

The WAC of Verzenio was approximately **$291.61 per unit** at the end of 2025.[23] Between 2019-2025, the unit WAC increased at an average annual rate of **4.9 percent**, exceeding the general consumer price index (CPI-U) inflation rate in **2019-2020, 2020-2021, 2022-2023, 2023-2024 and 2024-2025** (See Figure 1 and Table 13).[24]

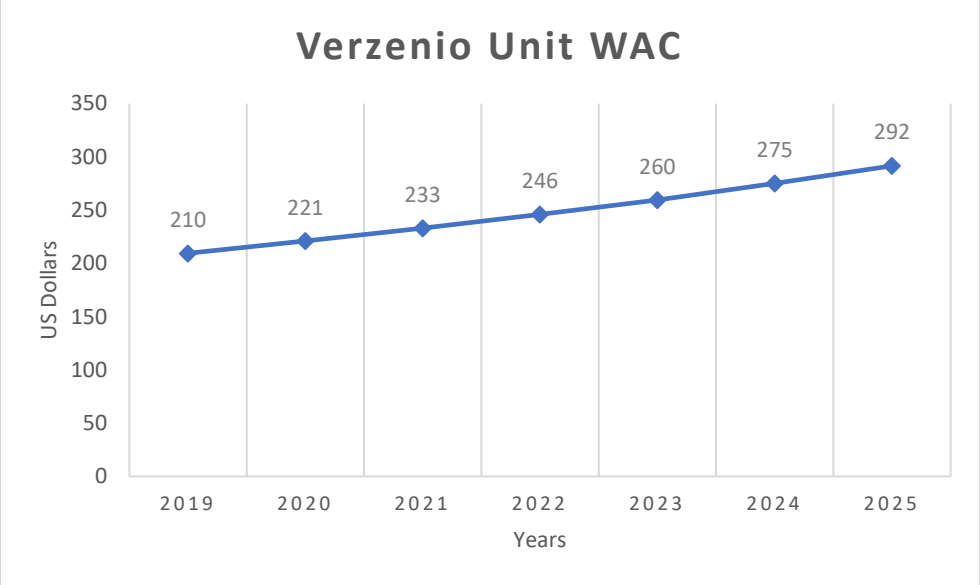

Figure 1 Unit WAC of most utilized NDC from 2019-2025

Table 13 Percent change of unit WAC of drug and therapeutic alternatives with CPI comparison[25]

Years	Verzenio	Ibrance	Kisqali	CPI-U
2019-2020	5.5%	0.0%	5.5%	0.7%
2020-2021	5.5%	5.0%	7.0%	5.3%
2021-2022	5.5%	6.9%	7.0%	9.0%
2022-2023	5.5%	7.9%	8.0%	3.1%
2023-2024	6.0%	6.0%	8.0%	3.0%
2024-2025	6.0%	3.0%	8.0%	2.7%

[23] Ibid.
[24] Consumer Price Index. U.S. Bureau of Labor Statistics. https://www.bls.gov/cpi/tables/supplemental-files/.
[25] Percentages might differ from Table 12 as Table 13 percentages are based on unit WAC only.

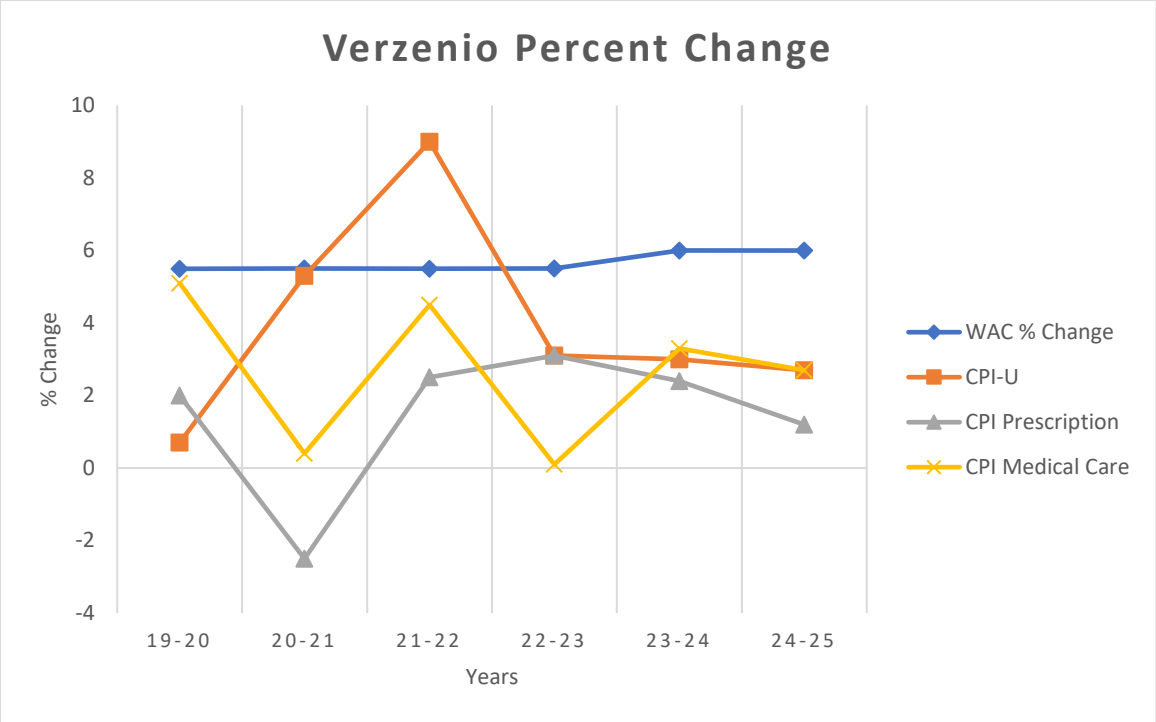

Figure 2 Year over year change in WAC compared to inflation rates[26]

Maximum Fair Price

Verzenio has been selected by the Centers for Medicare & Medicaid Services (CMS) for inclusion in the **Medicaid Drug Price Negotiation Program** for the **Initial Price Applicability Year 2028**.[27] As a negotiation-eligible drug, Verzenio will be subject to a **Maximum Fair Price (MFP)** beginning **January 1, 2028**. CMS will establish an MFP that reflects the maximum amount Medicaid will pay for the drug and is intended to reduce beneficiary out-of-pocket costs and overall program spending.

Estimated average monetary price concession

ORS 646A.694(1)(d) and OAR 925-200-0020(1)(d) & (2)(d) & (2)(L)(A-B). Data source information provided from data call.

This section provides an analysis of the average monetary discounts, rebates, and other price concessions applied to Verzenio claims in the commercial market. Drawing on 2024 data submitted through the carrier data call, it evaluates the extent to which these concessions reduced gross drug costs and estimates the average net costs to payers after adjustments. The analysis includes claim-level data on the proportion of claims with applied discounts, and the

[26] Consumer Price Index. U.S. Bureau of Labor Statistics. https://www.bls.gov/cpi/tables/supplemental-files/.
[27] Centers for Medicare & Medicaid Services (CMS). *Medicare Drug Price Negotiation Program: Top 50 Negotiation-Eligible Drugs for Initial Price Applicability Year 2028.* Published June 2024. Available at: https://www.cms.gov/files/document/factsheet-medicare-top-50-negotiation-eligible-drug-list-ipay-2028.pdf.

breakdown of the total concession amounts by type, offering insight into the reduced costs provided through manufacturer, PBM, and other negotiated price reductions.

Based on carrier-submitted data for 2024, the **average gross annual cost of Verzenio per enrollee** in the commercial market was approximately **$86,225**. After accounting for manufacturer rebates, pharmacy benefit manager (PBM) discounts, and other price concessions, the **mean net cost per enrollee declined to approximately $77,063**, reflecting an estimated **mean discount of 14.1 percent** relative to gross costs.

Across all reporting carriers and market segments, the **total cost of Verzenio before concessions was approximately $16.3 million**, with total reported **price concessions amounting to approximately $2.3 million**, as detailed in Table 15. Notably, **74.9 percent of claims benefited from some form of price concession,** leaving **82.9 percent at full gross cost**.

Table 14 Net cost price concessions estimate based on carrier submitted 2024 data

Total number of enrollees	189
Total number of claims	1,201
Total number of claims with price concessions applied	900
Percentage of claims with price concessions applied	74.9%
Percentage of cost remaining after concessions	85.9%
Percentage of discount	14.1%
Manufacturer price concessions for all market types	$1,533,675
PBM price concessions for all market types	$154,396
Other price reductions for all market types	$590,626
Cost before price concessions across all market types	$16,296,619
Total price concessions across all market types	$2,298,697
Cost after price concessions across all market types	$13,997,923
Mean cost per enrollee without price concessions	$86,225
Mean cost per enrollee with price concessions	$77,063

Including all market segments, the **gross average spend** of Verzenio **per claim for commercial carriers was $13,569 before any discounts, rebates, or other price concessions**. The **net cost per claim after** discounts, rebates, and other price concessions was **$11,655**, meaning that

insurers reported a price concession of **$1,914** per claim on the initial drug cost as shown in Table 16.

Table 15 Mean price concessions across market types from data call[28]

	Mean	Individual market	Large group	Small group
Spend per claim, gross	$13,569	$12,780	$13,967	$13,141
Spend per claim, net	$11,655	$10,648	$12,154	$11,144
Price concessions per claim	$1,914	$2,132	$1,813	$1,996
Percent discount	14.1%	16.7%	13.0%	15.2%

Figure 4 shows manufacturer concessions comprised the largest share, supplemented by PBM discounted price arrangements and other adjustments across the payer types.

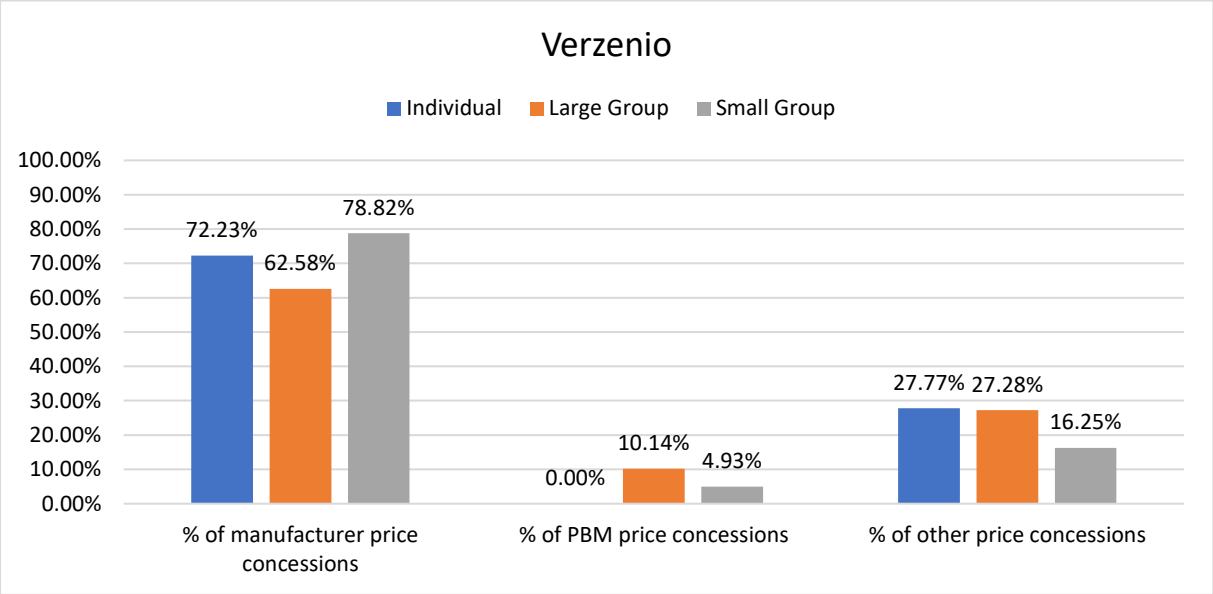

Figure 3 Percent of price concession in each market type[29, 30]

[28] Based on data submitted to the Department of Consumer and Business Services (DCBS) by Oregon's commercial insurance carriers.

[29] Price concession refers to any form of discount, directed or indirect subsidy, or rebate received by the carriers or its intermediary contracting organization from any source that serves to decrease the costs incurred under the health plan by the carriers. Examples of price concessions include but are not limited to: Discounts; chargebacks; rebates; cash discounts; free goods contingent on purchase agreement; coupons; free or reduced-price services; and goods in kind. Definition adapted from Code of Federal Regulations, Title 42, Chapter IV, Subchapter B, Part 423, Subpart C. See more at: CFR-2024-title42-vol3-sec423-100.pdf.

[30] Rebate refers to a discount that occurs after drugs are purchased from a pharmaceutical manufacturer and involves the manufacturer returning some of the purchase price of the purchaser. When drugs are purchased by a managed care organization, a rebate is based on volume, market share, and other factors. Academy of Managed Care Pharmacy. https://www.amcp.org/about/managed-care-pharmacy-101/managed-care-glossary.

Estimated total amount of the price concession to PBMs

ORS 646A.694(1)(e) and OAR 925-200-0020(1)(e) & (2)(d) & (2)(L)(A-B). Limitations in scope and resources available for this statute requirement. Possible data source carrier data call.

This section is intended to quantify the total discounts, rebates, or other price concessions provided by the manufacturer of Verzenio to each pharmacy benefit manager, expressed as a percentage of the drug's price. At the time of this review, there was no specific data available to PDAB to determine the total amount of such price concessions in the Oregon market.

The statutory and regulatory criteria calls for consideration of such information to the extent practicable. However, due to limitations in available evidence and reporting, this analysis was not performed. Future reviews may incorporate this data as it becomes available through improved reporting or additional disclosures from manufacturers, PBMs, and payers.

Estimated price for therapeutic alternatives[31]

ORS 646A.694(1)(f) and OAR 925-200-0020(1)(f), (2)(c) & (2)(m). Data source information provided from APAC.

This section presents information on the estimated spending associated with Verzenio and its therapeutic alternatives using 2024 data from APAC. APAC data reflects gross spending across Medicare, Medicaid, and commercial health plans in Oregon. The therapeutic alternatives are represented using APAC data, which does not reflect price concession or rebates.

Verzenio's **gross total payer spend**, based on APAC data, was nearly **$38.5 million**. Among its therapeutic alternatives, **Ibrance** had the **highest gross total payer spend** at **$32.2 million**. **Ibrance** also recorded **more claims** at **261** compared with **246** for **Kisquali**. It had the **highest payer-paid amount per claim** at **$14,723**, but the **lowest enrollee-paid amount per claim** at **$181**.

Although Verzenio had the **highest total enrollee spend overall**, **Ibrance** had the **highest total enrollee-paid amount** within its therapeutic class, totaling **$392,623**.

Neither the drug nor its therapeutic alternatives are listed by the FDA as being in shortage, so availability is assumed to be unaffected.

[31] The definition of therapeutic alternative is a drug product that contains a different therapeutic agent than the drug in question, but is FDA-approved, compendia-recognized as off-label use for the same indication, or has been recommended as consistent with standard medical practice by medical professional association guidelines to have similar therapeutic effects, safety profile, and expected outcome when administered to patients in a therapeutically equivalent dose. ORS 925-200-0020(2)(c).

Table 16 APAC average healthcare and average enrollee OOP costs for Verzenio vs therapeutic alternatives[32]

Proprietary name	No. of enrollees	No. of claims	Total payer paid	Total enrollees paid[33]	Payer paid/ claim	Enrollee paid/ claim[34]
Verzenio	**355**	**2,891**	**$38,491,663**	**$845,280**	**$13,314**	**$292**
Ibrance	261	2,188	$32,214,431	$395,623	$14,723	$181
Kisqali	246	1,544	$21,112,728	$356,500	$13,674	$231

Estimated average price concession for therapeutic alternatives

ORS 646A.694(1)(g) and OAR 925-200-0020(1)(g) & (2)(d) & (2)(L)(A-B). Limitations in scope and resources available for this statute requirement.

This section provides an analysis of the average monetary discounts, rebates, and other price concessions applied to the therapeutic alternatives identified for Verzenio. Based on 2024 data submitted through the carrier data call, it evaluates the extent to which these concessions reduced gross drug costs and estimates the average net costs to payers after adjustments. The analysis includes claim-level data on the proportion of claims with applied discounts, and the breakdown of the total concession amounts by type, offering insight into the reduced costs provided through manufacturer, PBM, and other negotiated price reductions.

Table 18 shows the average **gross cost per enrollee** for therapeutic alternatives in the commercial market, with **Ibrance** having the **highest cost at approximately $116,996** and **Kisqali at the lowest with $80,767**. After accounting for manufacturer rebates, pharmacy benefit manager (PBM) discounts, and other price concessions, the **average net spend per enrollee for Ibrance was approximately $111,613** reflecting an **estimated mean discount of 4.6 percent** relative to gross costs.

Across all reporting carriers and market segments, **Ibrance** accounted for the **highest gross spend** at around **$7.1 million**, with **total reported price concessions** amounting to **$328,404**. Notably, **45.9 percent of claims benefited from some form of price concession.**

[32] The therapeutic alternative information is based on 2024 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons. https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/All-Payer-All-Claims.asp.
[33] The cost includes all lines of business.
[34] Ibid.

Table 17 Table Net cost estimate for therapeutic alternatives based on carrier submitted 2024 data

	Ibrance	Kisqali
Total number of enrollees	61	84
Total number of claims	453	477
Total number of claims with price concessions applied	208	117
Percentage of claims with price concessions applied	45.9%	24.5%
Percentage of cost remaining after concessions	95.4%	96.9%
Percentage of discount	4.6%	3.1%
Manufacturer price concessions for all market types	$184,572	$117,181
PBM price concessions for all market types	$23,849	$0
Other price reductions for all market types	$119,983	$94,053
Cost before price concessions across all market types	$7,136,778	$6,784,391
Total price concessions across all market types	$328,404	$211,234
Cost after price concessions across all market types	$6,808,374	$6,573,157
Avg. payer spend per enrollee without price concessions	$116,996	$80,767
Avg. payer spend per enrollee with price concessions	$111,613	$78,252

Across all market segments, **Ibrance** had the **highest gross average spend per claim** at **$15,754** before any discounts, rebates, or other price concessions. The **net cost per enrollee** after discounts, rebates, and other price concessions was **$15,030**, indicating that insurers received **$723** in price concessions per claim from the initial drug cost, as shown in Table 19.

Table 18 The average price concessions per claim across market types from data call for identified therapeutic alternatives[35]

Ibrance	Mean	Individual market	Large group	Small group
Spend per claim, gross	$15,754	$14,642	$16,304	$15,547
Spend per claim, net	$15,030	$13,837	$15,693	$14,244
Price concessions per claim	$723	$805	$611	$1,304
Percent discount	4.6%	5.5%	3.8%	8.9%

Kisqali	Mean	Individual market	Large group	Small group
Spend per claim, gross	$14,223	$14,397	$14,125	$14,429
Spend per claim, net	$13,780	$13,565	$13,776	$14,429
Price concessions per claim	$443	$826	$349	$0
Percent discount	3.1%	5.7%	2.5%	0.0%

Estimated costs to health insurance plans

ORS 646A.694(1)(h) and OAR 925-200-0020(1)(h) & (2)(h) & (m). Data source information provided from APAC and data call.

This section quantifies the aggregate financial impact of Verzenio on health insurance plans in Oregon, based on claims and expenditure data from APAC and the 2024 carrier data call. Costs are delineated by payer type—including commercial plans, Medicaid, and Medicare—as well as by market segment within the commercial plans. These estimates highlight the distribution of expenditures across different types of health coverage and inform assessments of the drug's budgetary implications for public and private payers.

In 2024, the Oregon APAC database recorded **2,891 total claims for Verzenio among 355 total enrollees**, corresponding to a **total payer expenditure of nearly $38.5 million.**

Table 20 provides gross cost estimates by the total APAC payer spend across all lines of business:

- **Commercial** accounted for the **largest share of claims at 1,646 from** with a **total spend of $20.2 million**.
- **Medicaid** had the **lowest number of enrollees at 91,** with the **second highest expenditures**, totaling approximately **$9.6 million**.

[35] Based on data submitted to the Department of Consumer and Business Services (DCBS) by Oregon's commercial insurance carriers.

Table 19 Estimated 2024 APAC total annual gross payment, total enrollees and total claims [36]

Payer line of business	Total enrollees	Total claims	Total payer paid	Percent of total payer spend by LOB
Commercial	190	1,646	$20,181,966	52.4%
Medicaid	91	643	$9,646,594	25.1%
Medicare	109	602	$8,663,103	22.5%
Totals[37]	**355**	**2,891**	**$38,491,663**	

Table 21 provides claims information for the healthcare system for Verzenio and its therapeutic alternatives, distinguished by lines of business. **Verzenio has the most claims** among the drugs, with **2,891 claims**. Among its therapeutic alternatives, **Ibrance** has the most claims at **2,188**, with **Medicare** accounting for the largest share at **1,218**.

Table 20 Estimated APAC payer 2024 claims of review drug and its therapeutic alternatives[38]

Proprietary name	Commercial claims	Medicaid claims	Medicare claims	Total claims[39]
Ibrance	708	262	1,218	2,188
Kisqali	553	431	560	1,544

Table 22 shows the overall payer expenditure of Verzenio and its therapeutic alternatives, distinguished by lines of business. Verzenio has a **total expenditure of $38.5 million** with **Commercial being the biggest portion at $20.2 million.** The therapeutic alternative with the **least expenditure is Kisqali, at $21.1 million.**

[36] Based on 2024 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[37] The total number of enrollees is the summation of enrollees across all markets which differs from the unique enrollees at the drug level.
[38] Based on 2024 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[39] Total is the sum of all claims for the drug across all lines of business.

Table 21 Estimated 2024 APAC payer annual gross expenditures of the review drug and its therapeutic alternatives from all lines of business[40]

Proprietary name	Commercial expenditure	Medicaid expenditure	Medicare expenditure	Total[41]
Ibrance	$10,081,699	$4,063,681	$18,069,051	$32,214,431
Kisqali	$7,367,051	$6,582,216	$7,163,461	$21,112,728

Table 23 compares the overall payer cost per enrollee of Verzenio and its therapeutic alternatives, distinguished by lines of business. Among the therapeutic alternatives, **Ibrance has the highest mean cost per enrollee at $123,427,** compared to **Verzenio's** mean **cost per enrollee** at **$108,427.**

Table 22 Estimated 2024 APAC payer annual gross cost per enrollee of the review drug and its therapeutic alternatives[42]

Proprietary name	Verzenio	Ibrance	Kisqali
Commercial cost/enrollee	$106,221	$130,931	$73,671
Medicaid cost/ enrollee	$106,007	$112,880	$109,704
Medicare cost/ enrollee	$79,478	$106,917	$65,122
Mean[43] cost/enrollee	$108,427	$123,427	$85,824
Median, Cost/enrollee	$89,693	$112,911	$60,254
Inter-quartile range (IQR)	$121,021	$137,225	$107,096
Cost per enrollee, 75th percentile	$161,890	$184,980	$125,833
Cost per enrollee, 95th percentile	$244,752	$271,069	$225,147

Table 23 Estimated 2024 APAC payer annual gross cost per claim of the review drugs

Proprietary name	Verzenio	Ibrance	Kisqali
Commercial cost/claim	$12,261	$14,240	$13,322
Medicaid cost/claim	$15,002	$14,835	$12,792

[40] Based on 2024 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[41] Total is the sum of all expenditure for the drug across all lines of business.
[42] Based on 2024 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[43] The overall mean cost per enrollee across commercial insurers, Medicaid, and Medicare.

Proprietary name	Verzenio	Ibrance	Kisqali
Medicare cost/claim	$14,391	$15,510	$15,272
Cost per claim, mean	$13,314	$14,723	$13,674
Cost per claim, median	$14,974	$15,640	$14,158
IQR	$3,160	$913	$3,871
Cost per claim, 75th percentile	$15,529	$15,873	$16,978
Cost per claim, 95th percentile	$16,160	$16,462	$17,615

Data for plan year 2024 submitted via the carrier data call further stratifies commercial expenditures by market segment. The **total net cost** collected from reporting market types was around **$15.0 million**, with payers paying **$14.1 million**, and **enrollees out-of-pocket estimated** to be **$939,485**.

Table 24 Estimated 2024 annual total net costs to the healthcare system, payers and OOP/enrollee[44]

Market	Number of claims	Number of enrollees	Total net annual spending	Total annual payer paid	Total annual enrollee out-of- pocket cost
Individual	278	39	$3,132,551	$2,718,348	$414,203
Large Group	744	119	$9,812,689	$9,341,803	$470,886
Small Group	179	31	$2,079,460	$2,025,065	$54,395
Total	**1,201**	**189**	**$15,024,700**	**$14,085,216**	**$939,485**

Table 26 includes the average plan costs per enrollee in the commercial market, ranging from **$67,079 (small group) to $82,460 (large group)** annually.

Table 25 Estimated 2024 annual total net costs to the healthcare system, payers and OOP/enrollee

Market	Avg. total paid/ claim	Avg. payer paid/ claim	Avg. enrollee paid/ claim	Avg. total paid/ enrollee	Avg. Payer paid/ enrollee	Avg. enrollee OOP/ enrollee
Individual	$11,268	$9,788	$1,490	$80,322	$69,701	$10,621
Large Group	$13,189	$12,556	$633	$82,460	$78,503	$3,957
Small Group	$11,617	$11,313	$304	$67,079	$65,325	$1,755

[44] Cost information from the data call is the cost of the drug after price concessions.

As shown in Figure 5, the **large group market segment** represented the majority of commercial spending (65% of total), followed by individual markets and small group.

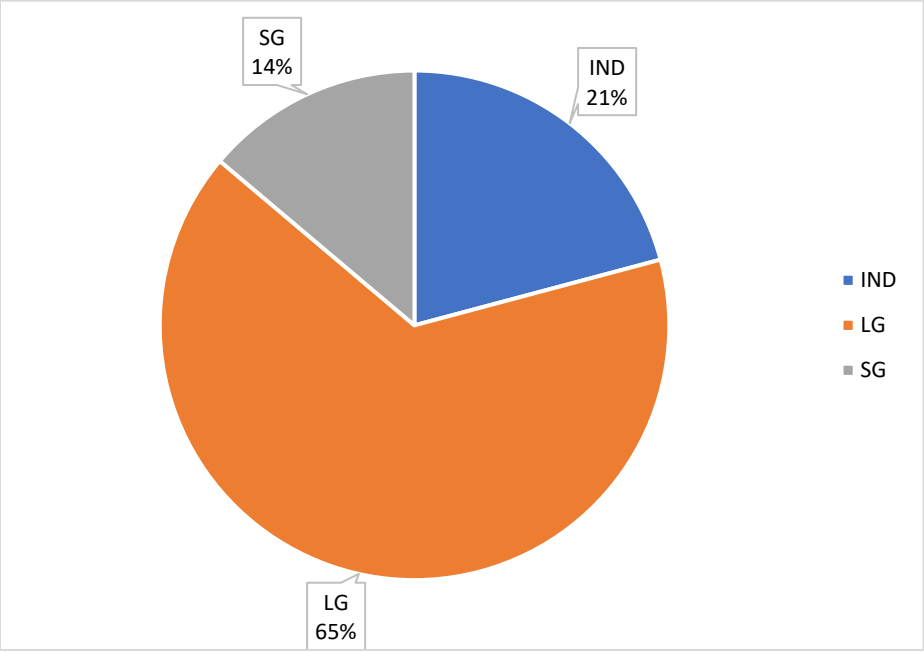

Figure 4 Data call total annual percent spend (payer paid) for Verzenio by market

Table 27 shows that CCOs reported Verzenio among their top 40 physical health drugs by gross amount paid (FFS only) in two quarters of 2024. In Q1, Verzenio ranked 29th on the physical health list, with an average paid amount of $10,105 per claim. It appeared again in Q4, rising to rank 22, with an average paid amount of $15,416 per claim. The drug does not indicate whether it is included on the preferred drug list.

Table 26 Medicaid CCOs 2024 gross amount quarterly reports (rebates not included)[45]

Medicaid CCOs: Physical health drug by gross (FFS only) [46]					
Quarter	**Rank**	**Amount paid**	**% Total FFS costs**	**Claim count**	**Avg. paid per claim**
1	29	$80,841	0.7%	8	$10,105
4	22	$77,078	0.9%	5	$15,416
Annual total		**$157,919**		**13**	**$25,521**

[45] CCO Pharmacy spend provided by Oregon State University drug use research and management program. Oregon State University Drug Use and Research Management DUR claims reports 2024. College of Pharmacy, Oregon State University. https://pharmacy.oregonstate.edu/research/pharmacy-practice/drug-use-research-management/dur-reports.

[46] Top 40 physical health drugs by gross amount paid (FFS Only) is the drug's gross amount of only physical health drugs and does not include mental health or physician administered drugs.

Impact on enrollee access to the drug

ORS 646A.694(1)(i) and OAR 925-200-0020(1)(i). Data source information provided from carrier data call.

This section summarizes information reported by carriers regarding plan design features that relate to coverage of Verzenio, including prior authorization requirements, step therapy protocols, and formulary placement. The data describes how the drug is positioned within insurance benefit designs and the extent to which utilization management processes were applied during the reporting period.

Based on information reported through the carrier data call, the following plan design features were observed for Verzenio. In 2024, **100 percent of reporting plans required prior authorization (PA)** for coverage of the drug, and **no plans required step therapy** before approving its use.

For formulary placement, **48.5 percent of plan types categorized Verzenio as a non-preferred drug**, and **all plans covered it**.

Table 27 Plan design analysis from 2024

Percentage of plans	
Required prior authorization	100.0%
Required step therapy	0.0%
On a non-preferred formulary	48.5%
Not covered	0.0%

Note: percentages can equal over 100 percent as some carrier and market combos may have multiple plans that fall under different designs. For example: Carrier A may have three plans in the small group market that require prior authorization but two other plans in the small group market that do not require prior authorization.

Relative financial impacts to health, medical, or social services costs

ORS 646A.694(1)(j) and OAR 925-200-0020(1)(j) & (2)(i)(A-B). Limitations in scope and resources available for this statute requirement.

This section addresses the extent to which the use of Verzenio may affect broader health, medical, or social service costs, as compared to alternative treatments or no treatment. At the time of this review, there was no quantifiable data available to PDAB to assess these relative financial impacts in the Oregon population.

The statutory and regulatory criteria calls for consideration of such information to the extent practicable. However, due to limitations in available evidence and reporting, this analysis was

not performed. Future reviews may incorporate this data as it becomes available through carrier reporting, manufacturer disclosures, or other sources.

Future reviews may incorporate findings from real-world evidence, health technology assessments, or economic modeling as such data become available.

Estimated average patient copayment or other cost-sharing

ORS 646A.694(1)(k) and OAR 925-200-0020(1)(k) & (2)(j)(A-D). Data source information provided from APAC and carrier data call. Data limitations with patient assistance programs

This section summarizes the average annual enrollee out-of-pocket (OOP) costs for Verzenio in Oregon, as reported in 2024 by the Oregon All Payers All Claims (APAC).[47] These costs include enrollee copayments, coinsurance, and deductible contributions for the drug and are presented by insurance lines of business of Medicare and commercial heath care carriers.

Tables 29 and 30 presents the average annual enrollee's OOP costs derived from APAC. The APAC data, which includes claims from commercial, and Medicare enrollees, showed average per-enrollee and per-claim and OOP gross costs. For example, **Medicare enrollees recorded higher average annual OOP costs**. Medicaid enrollees pay $0 OOP costs.

Table 28 Review drug vs. therapeutic alternatives: Annual out-of-pocket cost per enrollee by line of business (light green table header) and descriptive statistics for total market (dark green table header) [48]

Proprietary name	Commercial	Medicare	Medicaid	Mean[49]	Median[50]	IQR	75th percentile	95th percentile
Verzenio	$3,581	$1,513	$0	$2,381	$0	$1,567	$1,567	$12,967
Ibrance	$2,009	$1,426	$0	$1,516	$40	$1,652	$1,652	$6,618
Kisqali	$1,504	$1,874	$0	$1,449	$0	$1,030	$1,030	$7,390

[47] Gross costs from the APAC database are prior to any price concessions such as discounts or coupons. Net cost information from the data call is the cost of the drug after price concessions.
[48] Based on 2024 Oregon APAC data across commercial insurers and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[49] Includes summation of copay, coinsurance, and deductible across all from all markets across all claims.
[50] Median represents the middle value of the data set when arranged in ascending order.

Table 29 Review drug vs. therapeutic alternatives: Annual out-of-pocket cost per claim by line of business (light green table header) and descriptive statistics for total market (dark green table header) [51]

Proprietary name	Commercial	Medicare	Medicaid	Mean[52]	Median	IQR	75th percentile	95th percentile
Verzenio	$413	$274	$0	$292	$0	$0	$0	$1,670
Ibrance	$218	$198	$0	$181	$0	$0	$0	$547
Kisqali	$272	$368	$0	$231	$0	$0	$0	$1,205

Clinical information based on manufacturer material

ORS 646A.694(1)(L) and OAR 925-200-0020(1)(L). Information provided from manufacturers and information with sources from contractor(s).

Drug indications

- FDA Approved:
  - Verzenio is a kinase inhibitor indicated:
    - in combination with endocrine therapy (tamoxifen or an aromatase inhibitor) for the adjuvant treatment of adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, node-positive, early **breast cancer** at high risk of recurrence.
    - in combination with an aromatase inhibitor as initial endocrine-based therapy for the treatment of adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic **breast cancer**.
    - in combination with fulvestrant for the treatment of adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic **breast cancer** with disease progression following endocrine therapy.
    - as monotherapy for the treatment of adult patients with HR-positive, HER2-negative advanced or metastatic **breast cancer** with disease progression following endocrine therapy and prior chemotherapy in the metastatic setting.

[51] Based on 2024 Oregon APAC data across commercial insurers and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[52] Includes summation of copay, coinsurance, and deductible across all from all markets across all claims.

- Off Label Uses:
  - HER2-positive breast cancer[53]
  - Recurrent or metastatic endometrial carcinoma[54]
  - Dedifferentiated liposarcoma with or without concurrent well-differentiated liposarcoma[55]

Clinical efficacy

Efficacy in early breast cancer

The clinical efficacy of abemaciclib in HR-positive, HER2-negative early breast cancer with high risk of recurrence was evaluated in a 2-year randomized open-label cohort study (monarchE) in men and women. The study involved two cohorts; cohort 1 included those with more severe disease. Patients were randomized 1:1 to receive either abemaciclib plus standard endocrine therapy or standard endocrine therapy alone, with invasive disease-free survival (IDFS) as the primary endpoint. A statistically significant improvement in IDFS was observed in the intent-to-treat population, predominantly driven by cohort 1, demonstrating clinical benefit in high-risk patients.

Table 30 Clinical Efficacy in Early Breast Cancer, Cohort 1

Endpoint	Abemaciclib Plus Tamoxifen or an Aromatase Inhibitor N=2555	Tamoxifen or an Aromatase Inhibitor N=2565
IFDS at 48 months, % (95% CI)	85.5 (83.8, 87.0)	78.6 (76.7, 80.4)

Efficacy in advanced or metastatic breast cancer

The clinical efficacy of abemaciclib in combination with a nonsteroidal aromatase inhibitor (anastrozole or letrozole) was evaluated in postmenopausal women with HR-positive, HER2-negative advanced or metastatic breast cancer who had not received prior systemic treatment. In the randomized, double-blinded, placebo-controlled study (MONARCH 3), participants were assigned in a 2:1 ratio to receive either abemaciclib 150 mg or placebo twice daily alongside the aromatase inhibitor. The primary endpoint was progression-free survival (PFS), assessed using RECIST version 1.1 criteria and confirmed with blinded independent radiologic review. Consistent PFS results were observed across patient stratification subgroups of disease site and prior (neo)adjuvant endocrine therapy.

[53] NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Breast Cancer 6.12.2026. © National Comprehensive Cancer Network, Inc. 2026. https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf
[54] NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Uterine Neoplasms 6.16.2026. © National Comprehensive Cancer Network, Inc. 2026. https://www.nccn.org/professionals/physician_gls/pdf/uterine.pdf
[55] NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Soft Tissue Sarcoma 3.12.2026. © National Comprehensive Cancer Network, Inc. 2026. https://www.nccn.org/professionals/physician_gls/pdf/sarcoma.pdf

Table 31 Clinical Efficacy in Advanced or Metastatic Breast Cancer with an Aromatase Inhibitor

Endpoint	Abemaciclib Plus Anastrozole or Letrozole	Placebo Plus Anastrozole or Letrozole
Progression-Free Survival	**N=328**	**N=165**
Median in months (95% CI)	28.2 (23.5, NR)	14.8 (11.2, 19.2)
NR = not reached		

A second study (MONARCH 2) assessed the clinical efficacy of abemaciclib in combination with fulvestrant in women with HR-positive, HER2-negative advanced or metastatic breast cancer with disease progression on or after prior adjuvant or metastatic endocrine therapy. In this randomized, placebo-controlled study, patients were randomized to receive abemaciclib or placebo orally twice daily plus intramuscular injection of 500 mg fulvestrant on days 1 and 15 of cycle 1 and then on day 1 of cycle 2 and beyond (28-day cycles). The primary endpoint was PFS and consistent results were observed across patient stratification subgroups of disease site and endocrine therapy resistance.

Table 32 Clinical Efficacy in Advanced or Metastatic Breast Cancer with Fulvestrant

Endpoint	Abemaciclib Plus Fulvestrant	Placebo Plus Fulvestrant
Progression-Free Survival	**N=446**	**N=223**
Median in months (95% CI)	16.4 (14.4, 19.3)	9.3 (7.4, 12.7)

A third study (MONARCH 1) assessed the clinical efficacy of abemaciclib as monotherapy in women with HR-positive, HER2-negative breast cancer who received prior endocrine therapy and 1-2 chemotherapy regimens in the metastatic setting. In this single-arm, open-label study, patients received 200 mg abemaciclib orally twice daily until development of progressive disease or unmanageable toxicity.

Table 33 Clinical Efficacy in Advanced or Metastatic Breast Cancer as Monotherapy

Endpoint	Abemaciclib 200 mg N=132	
	Investigator Assessed	Independent Review
Objective Response Rate [a, b], n (%)	26 (20)	23 (17)
95% CI	13, 28	11, 25
Median Duration of Response in months	8.6	7.2
95% CI	5.8, 10.2	5.6, NR

Endpoint	Abemaciclib 200 mg N=132	
	Investigator Assessed	Independent Review
NR = not reached, [a] All responses were partial responses, [b] Based on confirmed responses		

Clinical safety

- FDA safety warnings and precautions:
  - Diarrhea
  - Neutropenia
  - Interstitial Lung Disease (ILD)/Pneumonitis
  - Hepatotoxicity
  - Venous Thromboembolism
  - Embryo-Fetal Toxicity

- Common side effects:
  - Diarrhea (81-90%), nausea, abdominal pain, decreased appetite, vomiting
  - Neutropenia (37-46%), infections, anemia, leukopenia, thrombocytopenia
  - Fatigue
  - Headache
  - Alopecia

- Drug Interactions:
  - CYP3A Inhibitors: Avoid concomitant use of ketoconazole. Reduce the Verzenio dose with concomitant use of other strong and moderate CYP3A inhibitors.
  - CYP3A Inducers: Avoid concomitant use of strong and moderate CYP3A inducers.

Therapeutic alternatives[56, 57, 58]

Table 34 FDA Approved Indications

Drug	Early Breast Cancer	Advanced or Metastatic Breast Cancer + Aromatase Inhibitor	Advanced or Metastatic Breast Cancer + Fulvestrant	Advanced or Metastatic Breast Cancer Monotherapy	*PIKC3A*-Mutated Advanced or Metastatic Breast Cancer + Inavolisib and Fulvestrant
Verzenio (abemaciclib)	Yes	Yes	Yes	Yes	-
Ibrance (palbociclib)	-	Yes	Yes	-	Yes
Kisqali (ribociclib)	Yes	Yes	Yes	-	-

Table 35 Summary of Key Clinical Trials – Advanced or Metastatic Breast Cancer in Combination with an Aromatase Inhibitor [59]

Endpoint	Abemaciclib Plus Anastrozole or Letrozole (MONARCH 3)	Palbociclib Plus Letrozole (PALOMA-2)	Ribociclib Plus Letrozole (MONALEESA-2)
Progression-Free Survival	N=328	N=444	N=334
Median in months (95% CI)	28.2 (23.5, NR)	24.8 (22.1, NE)	NR (19.3, NR)
Overall Survival	N=328	N=444	N=334
Median in months (95% CI)	66.8 (59.2, 74.8)	53.8 (49.8, 59.2)	63.9 (52.4, 71.0)
NR = not reached; NE = not estimable			

Table 36 Summary of Key Clinical Trials – Advanced or Metastatic Breast Cancer in Combination with Fulvestrant [8]

[56] U.S. Food & Drug Administration. *Verzenio (abemaciclib) Prescribing Information*. Eli Lily, Revised 02/2025. https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/208716s019lbl.pdf

[57] U.S. Food & Drug Administration. *Ibrance (palbociclib) Prescribing Information*. Pfizer, Revised 09/2025. https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/207103s023lbl.pdf

[58] U.S. Food & Drug Administration. *Kisqali (ribociclib) Prescribing Information*. Novartis, Revised 09/2025. https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/209092Orig1s025,209935Orig1s031lbl.pdf

[59] Data are presented from separate pivotal trials for each agent. Trials are not direct head-to-head comparative trials; differences in trial design, patient population, and follow-up duration preclude direct statistical comparison of the results shown.

Endpoint	Abemaciclib Plus Fulvestrant (MONARCH 2)	Palbociclib Plus Fulvestrant (PALOMA-3)	Ribociclib Plus Fulvestrant (MONALEESA-3)
Progression-Free Survival	N=446	N=347	N=484
Median in months (95% CI)	16.4 (14.4, 19.3)	9.5 (9.2, 11.0)	20.5 (18.5, 23.5)
Overall Survival	N=446	N=347	N=484
Median in months (95% CI)	46.7 (39.2, 52.2)	34.9 (28.8, 40.0)	NR (42.5, NR)
NR = not reached			

Table 37 Route and Dosing

Proprietary name	Non-proprietary name	Formulation	Dosing Frequency
Verzenio	*abemaciclib*	Oral tablet	Monotherapy: 200 mg twice daily Combination therapy: 150 mg twice daily
Ibrance	*palbociclib*	Oral tablet/capsule	125 mg once daily for 21 days followed by 7 days off treatment
Kisqali	*ribociclib*	Oral tablet	Early: 400 mg daily for 21 days followed by 7 days off treatment Advanced/Metastatic: 600 mg daily for 21 days followed by 7 days off treatment

Table 38 Safety & therapeutic considerations

Warning/Interaction	Verzenio (abemaciclib)	Ibrance (palbociclib)	Kisqali (ribociclib)
Diarrhea	Yes	No	No
Neutropenia	Yes	Yes	Yes
Interstitial lung Disease/ Pneumonitis	Yes	Yes	Yes
Hepatotoxicity	Yes	No	Yes
Venous Thromboembolism	Yes	No	No
Embryo-Fetal Toxicity	Yes	Yes	Yes
Severe Cutaneous Adverse Reactions	No	No	Yes
QT Interval Prolongation	No	No	Yes
Interaction with CYP3A Inhibitors	Yes	Yes	Yes
Interaction with CYP3A Inducers	Yes	Yes	Yes
Interaction with CYP3A Substrates	No	Yes	Yes

Input from specified stakeholders

ORS 646A.694(3) and OAR 925-200-0020(2)(k)(A-D)

See Appendix for all stakeholder comment letters.

Survey-style feedback forms were posted on the PDAB website from April to August 2026 to collect voluntary input about drugs under review from a broad range of stakeholders, including patients, caregivers, and advocacy groups; individuals with scientific or medical training; safety-net providers; pharmaceutical manufacturers; pharmacy benefit managers; and health insurers. This section summarizes the drug-specific input received. Additional general feedback on drug prices and patient experiences is presented in the 2026 community outreach report.

Note: The information summarized here is based on self-reported survey responses from individuals prescribed certain medications. Participation was voluntary, and responses reflect each individual's personal understanding and interpretation of the questions. As a result, the information may include inconsistencies or inaccuracies related to varying levels of comprehension, recall bias, or misinterpretation of question intent. These limitations should be considered when interpreting the findings.

Patients and caregivers:

No survey information has been received from patient or caregivers about this drug as of the last update of this document.

Individuals with scientific or medical training

One individual with scientific or medical training submitted feedback regarding Verzenio. The respondent, a pharmacy professional with more than 10 years of experience, reported that Verzenio is most commonly used as a second-line therapy and is clinically substitutable for therapeutic alternatives in most patients. The respondent indicated that Verzenio provides a similar clinical benefit compared with available alternatives and that the evidence supporting its use is high quality and guideline supported.

The respondent reported that utilization management requirements, including prior authorization, quantity limits, and specialty pharmacy requirements, are commonly associated with Verzenio and sometimes delay patient access. Patient out-of-pocket costs were described as similar to available alternatives, although patients occasionally delay or decline treatment because of cost. The respondent indicated that patient costs have a moderate impact on adherence and identified additional barriers to adherence, including adverse effects, particularly diarrhea, forgetfulness, inadequate patient-provider communication, psychological distress, age-related factors, and treatment complexity. The respondent reported that Verzenio is routinely available when clinically needed, stated its overall value is moderate relative to its cost, and indicated that the medication may contributions to affordability concerns for patients.

Safety net providers

No survey information has been received from safety net providers about this drug as of the last update of this document.

Manufacturers

No survey information has been received from manufacturers about this drug as of the last update of this document.

Pharmacy benefit managers

No survey information has been received from PBMs about this drug as of the last update of this document.

Health insurers

No survey information has been received from health insurers about this drug as of the last update of this document.

Appendix A: Stakeholder feedback

Table 39 Feedback

Name	Association to drug under review	Drug	Format	Date	Exhibit website link
Jane Leo	American Cancer Society Cancer Action Network	Verzenio	Letter	4/17/2026	Click here to view letter