

# Capturing the Patient Experience Related to the Financial Burden of Erleada<sup>®</sup>, Kisqali<sup>®</sup>, Lenvima<sup>®</sup>, and Verzenio<sup>®</sup>: A Survey Study



**April 29, 2025**

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# Objectives, methodology, and survey sample

# Background: the Inflation Reduction Act and the Drug Price Negotiation Program



**August 2022:** the IRA was enacted and introduced the DPNP with the goal of decreasing medication costs for Medicare Part D beneficiaries

The DPNP allows CMS to identify the highest cost drugs based on the total gross covered prescription drug costs under Medicare Part D, after which manufacturers negotiate with CMS to arrive at an MFP

## Drugs eligible for price negotiation include:

- ✓ Small molecule drugs for which at least 7 years have elapsed since between the FDA approval or licensure and the selected drug publication date and for which there is no generic competition
- ✓ Biologics for which at least 11 years have elapsed since between the FDA approval or licensure and the selected drug publication date and for which there is no biosimilar competition

**Previous example of a negotiated cancer treatment:** Calquence<sup>®</sup>, a treatment for adults with chronic lymphocytic leukemia and small lymphocytic lymphoma was one of the 15 drugs selected for price negotiation in 2025 by the DPNP and will take effect in January 2027 (IPAY27 drugs)

- Following the negotiation process, the price of Calquence<sup>®</sup> was discounted 40% for Medicare Part D (from a 2025 list price of \$14,228 to a negotiated price of \$8,600 per 30-day supply)<sup>1</sup>

<sup>1</sup>Centers for Medicare & Medicaid Services. Fact Sheet: Negotiated Prices for Initial Price Applicability Year 2027. CMS; 2024.

# Background: DPNP and cancer treatments to be negotiated in 2026






15 drugs have been selected for price negotiation in 2026 for IPAY28, including the four following cancer treatments:

Drug	Commonly Treated Conditions	Total Medicare Part B & Part D expenditures (11/24–10/25, rounded)	# of Medicare enrollees using drug (11/24–10/25)
<b>Erleada<sup>®</sup></b>	Prostate cancer	\$1.95B	19,000
<b>Kisqali<sup>®</sup></b>	Breast cancer	\$1.58B	17,000
<b>Lenvima<sup>®</sup></b>	Endometrial, kidney, liver, and thyroid cancers	\$1.09B	10,000
<b>Verzenio<sup>®</sup></b>	Breast cancer	\$1.43B	15,000

# Study objectives

To understand the impact price negotiations for Erleada, Kisqali, Lenvima, and Verzenio may have on patients, ACS CAN engaged patients in a survey to:

-  **Capture the patient experience related to the financial burden of Elreada, Lenvima, Kisqali, and Verzenio**
-  **Understand barriers patients may face accessing Elreada, Lenvima, Kisqali, and Verzenio**
-  **Amplify patient voices to inform CMS of patient affordability challenges as the four treatments undergo price negotiations**

# Overview of methodology and survey instrument

A 15-minute survey instrument was designed by researchers experienced in survey methodology. The survey was programmed and hosted in Qualtrics and single-blinded in nature (participants were aware of ACS CAN's identity).

## Outline of topics covered in survey

- i. Challenges or barriers accessing treatment (step therapies; prior authorizations)
- ii. Factors of importance when making treatment decisions
- iii. Impact of treatment on daily life and emotional and mental well-being
- iv. Reports of nonadherence or lack of treatment persistence due to cost

Data collection occurred between March 12, 2026, and April 2, 2026. Survey questions were both open- and close-ended in nature, and participant responses were analyzed and coded during data analysis to identify meaningful themes and trends via constant comparative analysis.<sup>1</sup>

<sup>1</sup> Boeije, H. (2002) "A Purposeful Approach to the Constant Comparative Method in the Analysis of Qualitative Interviews," *Quality & Quantity* 36, 391–409.

# Overview of study population

A trusted partner (Dynata) identified and recruited patients for survey participation according to the following inclusion and exclusion criteria:

## Inclusion criteria

- Residing in US or US territory
- Diagnosis of cancer
- Medicare as primary healthcare coverage
- Had been prescribed or considered taking at least one of the following medications for treatment of their cancer in the last 18 months:  
*Erleada, Lenvima, Kisqali, or Verzenio*

## Exclusion criteria

- Healthcare coverage **only** through employer, ACA Health Insurance Marketplace, Medicaid, military health care, Indian Health Service, or SCHIP
- Not a good clinical candidate for *Erleada, Lenvima, Kisqali, or Verzenio* for treatment of their cancer
- Participated in a clinical trial for a different medication

# Overall survey participant details



A total of **137** Medicare patients with cancer with experience with the four drugs of interest participated in the 15-minute online survey

<b>Variable description</b>	<b>Erleada</b>	<b>Kisqali</b>	<b>Lenvima</b>	<b>Verzenio</b>
<b>Participants: n (% of total sample)</b>	40 (29%)	30 (22%)	34 (25%)	33 (24%)
<b>Currently taking drug: n (% of drug)</b>	38 (95%)	30 (100%)	31 (91%)	29 (88%)
<b>Previously taken and completed treatment: n (% of drug)</b>	2 (5%)	0 (0%)	3 (9%)	4 (12%)
<b>Considered good candidate but choose different treatment (reason) or previously taken and switched</b>	0	0	0	0
<b>On treatment 6 months+: n (% of drug)</b>	31 (78%)	18 (60%)	30 (88%)	23 (70%)
<b>Taken other therapies before drug: n (% of drug)</b>	27 (68%)	21 (70%)	26 (76%)	21 (64%)
<b>Considered alternative therapies instead of drug: n (% of drug)</b>	22 (55%)	11 (37%)	19 (56%)	27 (82%)

# Overall survey participant details

Cancer diagnoses of patients who are taking or have taken the four treatments of interest

## Erleada (N=40)

- Prostate cancer (N = 40; 100%)

## Kisqali (N=33)

- Breast cancer (N = 30; 100%)

## Lenvima (N=34)

- Bladder or renal cancer (n = 18; 56%)
- Breast cancer (n = 1; 3%)
- Liver cancer (n = 14; 41%)
- Skin cancer (n = 1; 3%)

## Verzenio (N=33)

- Blood cancer (lymphoma, leukemia, multiple myeloma) (n = 2; 6%)
- Breast cancer (n = 31; 94%)

# **Comprehensive executive summary: Critical statistics across treatments**

# Critical statistics : Importance of quality of life in treatment decision-making

When asked to select up to **five most important factors that went into their treatment decision-making**, **>75% of all patients across the four treatments of interest** ranked **impact on quality of life (QoL)** in the most important factors when choosing their cancer treatment



## Patient-Reported QoL Importance, Frequency by Treatment





**Erleada:** 85% (n = 34)

**Kisqali:** 87% (n = 26)

**Lenvima:** 77% (n = 26)

**Verzenio:** 76% (n = 25)

**Other patient-reported treatment decision-making factors related to treatments of interest that impact quality of life include:**

-  Ease of route of administration (oral therapies versus infused)
-  Manageable side effect profile
-  Ability to live an active / “normal” life
-  Hope for the future based on treatment survival benefit

## Ranking Choices: Factors Important for Treatment Decision-Making

- Impact on survival
- Lack of side effects
- Fewer interactions with other medication(s)
- Available through local pharmacy or mail-order pharmacy
- It was the only treatment indicated for my situation
- Other therapies had not worked for me
- Interference with your work or life
- Other health condition(s)
- Whether the medication was covered by insurance
- Provider recommendation based on clinical guidelines or clinical experience
- Quality of life
- How easy (or hard) it was to administer
- Amount of time spent at the doctor’s office/hospital related to receiving this treatment
- Cost
- Need for prior authorization
- Other factor that influenced your decision

# Importance of Erleada, Kisqali, Lenvima, and Verzenio as treatment options

Of the 137 patients who are taking or have taken one of the four treatments of interest, 84% (N = 115) considered the role of these treatments to be **very important** or **critically essential\* to their cancer care and treatment**. Patients cited **efficacy, slowing disease progression / survival, maintaining quality of life, and convenient oral administration as the most important attributes of the four treatments**.



It's helping keep my cancer under control. – *Patient with breast cancer taking Verzenio*

It slows cancer progression and gives me a chance to live longer. – *Patient with kidney cancer taking Lenvima*

While managing the condition, it preserves the physical strength I need to continue working and spending time with my family. – *Patient with prostate cancer taking Erleada*

Kisqali is easier to take and less disruptive to daily life. – *Patient with breast cancer taking Kisqali*

Verzenio gives me hope for long-term survival and a better quality of life. – *Patient with breast cancer taking Verzenio*

I have a sense of control over my condition and feel more confident and hopeful. – *Patient with prostate cancer taking Erleada*

Lenvima is an oral medication, so I don't have to keep going to the hospital. – *Patient with kidney cancer taking Lenvima*

I was still able to work normally and enjoy life while taking the medication. – *Patient with breast cancer taking Kisqali*

\*Critically essential was operationalized as “the only effective therapy for managing my cancer”

# Critical statistics: Quantifying treatment impact on patient quality of life

Patients were asked to rate (on a scale from 1 to 9) their treatment's impact on both their **daily life** and **emotional and mental well-being**

**Daily life impact scale 1 to 9:** 1 = made daily life much worse → 9 = made daily life much better

**Emotional/mental well-being scale 1 to 9:** 1 = very negative impact → 9 = very positive impact

## Majority of patients reported that their treatment:

**makes their daily life much better**

Erleada: 98% (n = 39)  
Kisqali: 97% (n = 29)  
Lenvima: 94% (n = 32)  
Verzenio: 97% (n = 32)

**has a significant positive impact on their emotional and mental well-being**

Erleada: 98% (n = 39)  
Kisqali: 93% (n = 28)  
Lenvima: 97% (n = 33)  
Verzenio: 100% (n = 33)



“I am living a better life now.”

– *Patient with breast cancer taking Kisqali*

# Critical statistics: Patient access to treatments



## Patients on all four treatments experienced delays or interruptions in care

- Erleada: 50% (n = 20)
- Kisqali: 23% (n = 7)
- Lenvima: 44% (n = 15)
- Verzenio: 42% (n = 14)

### Treatment delays and interruptions were caused by a number of factors including:

#### Insurance coverage, prior authorization, or approvals

Erleada: 15% (n = 6)  
Kisqali: 17% (n = 5)  
Lenvima: 24% (n = 8)  
Verzenio: 18% (n = 6)

#### Treatment shortages, issues with pharmacy supply, or communication

Erleada: 5% (n = 2)  
Kisqali: 0% (n = 0)  
Lenvima: 3% (n = 1)  
Verzenio: 0% (n = 0)

#### Required step therapy

Erleada: 40% (n = 16)  
Kisqali: 23% (n = 7)  
Lenvima: 32% (n = 11)  
Verzenio: 55% (n = 18)

“My out-of-pocket expenses run into the thousands of dollars every month, so I have to max out my credit cards to cover the costs upfront and wait for the pharmaceutical company’s reimbursement to be approved before I can get reimbursed.” *–Patient with breast cancer taking Kisqali*

“The insurance company repeatedly requested additional medical records, which caused me to wait nearly a month before my prescription was approved.” *–Patient with breast cancer taking Verzenio*

“The pharmacy said they were out of stock, and I’d have to wait five days. For those five days, I had nightmares every night about the tumor growing out of control.” *–Patient with advanced renal cancer taking Lenvima*

# Critical statistics on treatment: Patient affordability affects treatment compliance

Patients noted cost of treatment causing delays and interruptions in treatment:

“Excessively high out-of-pocket costs.” –*Patient with breast cancer taking Verzenio with an income of \$\$35,001 to \$70,000*

“Sometimes I have a difficult choice between fighting cancer and paying other bills.” –*Patient with prostate cancer taking Erleada with an income of \$\$35,001 to \$70,000*

Percent of patients with out-of-pocket cost / affordability issues resulting in **treatment delays or interruptions**

Erleada: 25% (n = 10)  
Kisqali: 7% (n = 2)  
Lenvima: 18% (n = 6)  
Verzenio: 24 % (n = 8)



Percent of patients with financial burden resulting in **non-adherence and non-persistence**

Erleada: 55% (n = 22)  
Kisqali: 13% (n = 4)  
Lenvima: 35% (n = 12)  
Verzenio: 55% (n = 18)

“To cover the cost of medication, I canceled my gym membership and suspended my internet service. .... If you want to talk about price, listen to the recording of my conversation with the doctor where I haggled over whether I could take half a pill.” –*Patient with renal cancer taking Lenvima with an income of \$35,001 to \$70,000*

# Call to action: Price negotiation must improve affordability without compromising access to essential cancer treatments



Erleada, Kisqali, Lenvima, and Verzenio are critical treatment options across prostate, breast, and other advanced cancers, helping to delay disease progression, extend survival, reduce risk of recurrence, and enable patients to maintain daily functioning and independence, through convenient oral administration.



Patients reported overwhelmingly positive outcomes across all four therapies; >90% of patients across treatments reported improved quality of life and emotional well-being. >80% of patients described these therapies as very important or critically essential to their care. As such, it is imperative that patients have continued and affordable access to these treatments.



Despite their importance, affordability and access barriers are consistently impacting patient care across all four treatments. 23–50% of patients experienced delays or interruptions in accessing treatment, and patients reported high out-of-pocket costs, even with insurance, sometimes requiring significant financial sacrifices. Patients reported skipping doses or not picking up prescriptions due to cost, directly impacting adherence. Step therapy (23–55% of patients), prior authorization, and insurance coverage barriers delayed treatment initiation and persistence.



These barriers create real risks to patient outcomes, as delays, interruptions, or nonadherence may lead to disease progression, recurrence, or reduced survival, particularly in cancers where timely treatment is critical.



CMS must ensure that price negotiation meaningfully reduces patient cost burden—including total cost of care—while also addressing access barriers, such as utilization management requirements and insurance-related delays.



Part D plans must ensure that patients benefit from the Maximum Fair Price while maintaining access to these therapies and others within their respective classes, preserving clinician choice and individualized, guideline-concordant care.

# **Erleada executive summary: Critical statistics**

# Erleada executive summary: Critical statistics



- Of the 40 Erleada-specific survey respondents, 38 are currently taking Erleada and 2 have completed treatment
- Patients most frequently take Erleada for 6-9 months (43%), and 35% took it for 9-12 months
- 45 % (n = 18) noted there was no other alternative therapy they could have considered instead
- 27 patients tried other therapies prior to Erleada, and 40% of those patients (n = 16) were required to do so before Erleada would be covered (step therapy)
- The most important factors in considering Erleada as a therapy were:
  1. Quality of life
  2. Impact on survival
  3. Cost and lack of side effects
- 50% (n = 20) noted Erleada has been very important to their cancer care and treatment, with 1 in 4 (25 %) reporting Erleada was *critically important* as the only effective therapy for managing their cancer
- 98% (n = 39) noted Erleada made their daily quality of life much better
- 98 % (n = 39) reported that Erleada had a very positive impact on their mental or emotional well-being
- Access to Erleada is important to patients because of its efficacy, survival, quality of life, and convenient oral administration
- Access to Erleada is also important to patients because of it avoids or delays chemotherapy and has a tolerable side effect profile
- Drawbacks of Erleada that were cited by participant included high treatment costs and access barriers related to approval and authorization

# Erleada detailed research findings

# Erleada survey participant details

**29% of all participants across all treatments of interest reported to have taken or considered taking Erleada to treat their prostate cancer**

## **At the close of the Erleada data collection period:**

- *137 participants* completed the survey (across all four treatments of interest)
- *40 participants* reported having taken or considered taking **Erleada**
  - *38 patients* are currently taking Erleada
  - *2 patients* previously took Erleada and completed their treatment
  - **78% of all patients who have taken Erleada (n = 31)** reported being on treatment for 6 months or more
- *27 patients* took other therapies prior to taking Erleada
- *22 patients* considered alternative therapies instead of Erleada

# Importance of Erleada as a treatment

Erleada's **impact on quality of life**, its **impact on survival**, its **cost**, and **side effect profile** were the most important factors when patients considered Erleada as a treatment option

Patients were asked to select from a list of factors and rank the **top 5 in order of importance** (1 = most important) when making the decision to take Erleada to treat their cancer:

## ***5 factors of greatest importance to patients when considering Erleada as a treatment reported by frequency from N=40***

- 85% (n = 34)** Quality of life
- 75 % (n =30)** Impact on survival
- 45% (n = 18)** Cost
- 45% (n = 18)** Lack of side effects
- 38% (n = 15)** Oral medication was a better choice for me

## **Factors Important for Decision Making Shown as Choices for Ranking**

- Impact on survival
- Lack of side effects
- Fewer interactions with other medication(s)
- Available through local pharmacy or mail-order pharmacy
- It was the only treatment indicated for my situation
- Other therapies had not worked for me
- Interference with your work or life
- Other health condition(s)
- Whether the medication was covered by insurance
- Provider recommendation based on clinical guidelines or clinical experience
- Quality of life
- How easy (or hard) it was to administer
- Amount of time spent at the doctor's office/hospital related to receiving this treatment
- Cost
- Need for prior authorization
- Other factor that influenced your decision

# Importance of Erleada as a treatment option

Of the 40 patients who have taken Erleada, 75% (n = 30) considered the role of Erleada to be **very important** or **critically essential\*** to their cancer care and treatment. Patients cited **efficacy, survival, quality of life, and convenient oral administration** as the most important attributes of Erleada



Effectively delaying the spread of cancer cells has spared me from the severe side effects of chemotherapy for an extended period. – *Patient with prostate cancer*

While managing the condition, it preserves the physical strength I need to continue working and spending time with my family. – *Patient with prostate cancer*

It has actually given me more time. – *Patient with prostate cancer*

As an oral medication, it allows me to treat my condition easily at home and live a more normal life.. – *Patient with prostate cancer*

It can delay or even avoid the need for painful chemotherapy, improving my quality of life. – *Patient with prostate cancer*

I have a sense of control over my condition and feel more confident and hopeful. – *Patient with prostate cancer*

My quality of life hasn't suffered even though I take this every day. – *Patient with prostate cancer*

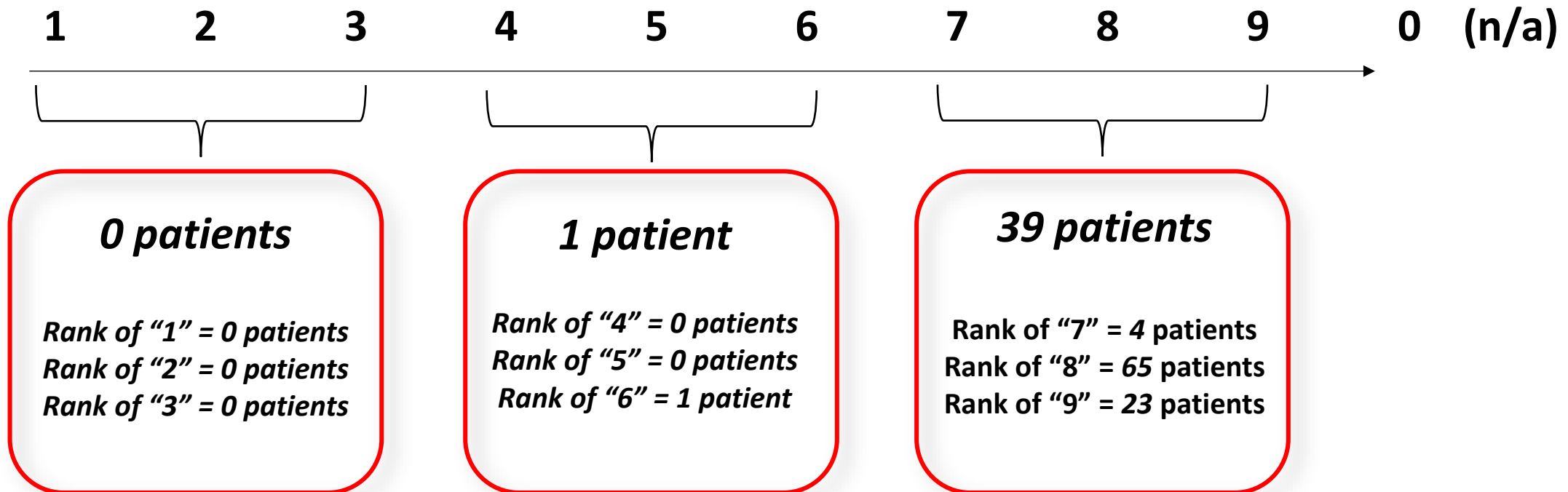
# Impact of Erleada on patients' daily life

98% of patients (n = 39) reported Erleada to make their **daily life much better**

Patients who have taken Erleada (n =40) were asked to rate the **impact of Erleada on their daily life**

Scale: 1 to 9

1 = *made daily life much worse* → 9 = *made daily life much better*



# Impact of Erleada on patients' emotional or mental well-being

98% of patients (n = 39) reported Erleada to have a **significant positive impact** on their emotional and mental well-being

Patients who have taken Erleada (n = 40) were asked to rate the **impact of Erleada on their emotional or mental well-being**

Scale: 1 to 9

1 = *very negative impact* → 9 = *very positive impact*

1      2      3      4      5      6      7      8      9      0 (n/a)



**0 patients**

Rank of "0" = 0 patients

**1 patient**

Rank of "4" = 0 patients  
Rank of "5" = 0 patients  
Rank of "6" = 1 patient

**39 patients**

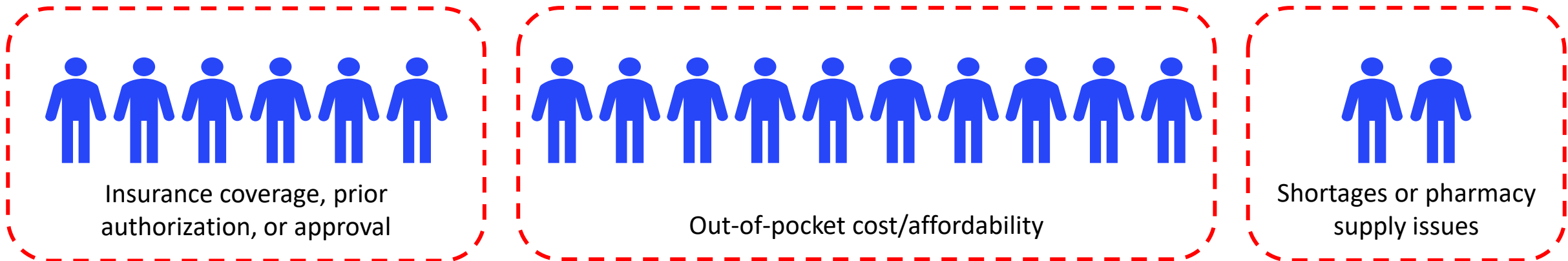
Rank of "7" = 4 patients  
Rank of "8" = 24 patients  
Rank of "9" = 11 patients

# Challenges in access to Erleada and financial impacts on adherence and persistence

40% of patients were **required to try step therapies** before taking Erleada; 22 patients reported the **financial burden** of Erleada impacted treatment **adherence and persistence**

- 16 patients noted that they were required to try step therapies prior to accessing Erleada
- 10 patients (25%) reported skipping doses or splitting pills of Erleada due to cost and 12 patients (30%) reported not picking their Erleada prescription due to cost
- 50% (n=20) reported experiencing any treatment delays or interruptions in accessing Erleada

**Specific reasons for treatment delays or interruptions included\*:**



\*One patient selected "Other" as an answer option and is not represented in the figure

# Challenges and barriers in access to Erleada

Patients reported **challenges related to affordability and access** while taking Erleada, including **high out-of-pocket costs** and **delays in approvals and authorization** leading to **delayed treatment initiation**



When asked about challenges, delays, or interruptions patients experienced in getting Erleada:

The cost is too high, and the financial burden is significant. *—Patient with prostate cancer*

The high out-of-pocket costs have made me hesitate several times at the pharmacy counter. *—Patient with prostate cancer*

I had to leave empty-handed because the out-of-pocket cost was too high—I'll come back once I've saved enough. *—Patient with prostate cancer*

Insurance approval delays slowed my ability to start treatment. *—Patient with prostate cancer*

It's a difficult choice between fighting cancer and paying other bills. *—Patient with prostate cancer*

Applying for patient assistance is so complicated it feels like a second job—every step is exhausting. *—Patient with prostate cancer*

# Factors CMS decisionmakers should consider when negotiating Erleada

Erleada's **cost** and the impact of **financial burden on treatment adherence** should be key considerations in price negotiations



## Cost

Examine whether drug pricing forces patients to choose between cancer treatment and paying for basic needs like rent or food. *–Patient with prostate cancer*

Does the cost affect patients' ability to stay on treatment and control their disease? *–Patient with prostate cancer*

The vast disparity between patients' monthly out-of-pocket costs and their limited incomes makes treatment extremely difficult to afford. *–Patient with prostate cancer*

## Impact of financial burden on treatment adherence

Does the cost affect patients' adherence to their medication and their ability to control the disease? *–Patient with prostate cancer*

Treatment was interrupted because of insurance requirements, adding to the financial and emotional burden  
*–Patient with prostate cancer*

# Factors CMS decisionmakers should consider when negotiating Erleada

Erleada's **efficacy** and its **tolerability / positive impact on quality of life** should be considered when Erleada undergoes price negotiation



## Efficacy

Effectively delaying the spread of cancer cells has spared me from chemotherapy for an extended period. –  
*Patient with prostate cancer*

It has actually given me more time. –*Patient with prostate cancer*

“Prevent cancer from spreading to other parts of the body and help me live longer. –*Patient with prostate cancer*”

## Tolerability / Quality of life /

It preserves the physical strength I need to continue working and spending time with my family. –*Patient with prostate cancer*

I am living a good quality life because of this treatment. –*Patient with prostate cancer*

It allows me to live my life the way I want. –*Patient with prostate cancer*

# Call to action: Patients depend on Erleada for survival and quality of life and need affordable, uninterrupted access



Erleada is a second-generation androgen receptor inhibitor approved for prostate cancer, including non-metastatic and metastatic castration-sensitive disease. Erleada plays a critical role in prostate cancer care by delaying disease progression, extending survival, and helping patients avoid or delay chemotherapy, while enabling treatment at home through convenient oral administration.



Prostate cancer progression can be rapid, and delays in accessing appropriate therapy may compromise outcomes. Effectiveness and manageable side effects associated with Erleada should be considered as important factors when step therapy is required.



Patients overwhelmingly reported that Erleada plays a central role in managing their disease. 98% of patients indicated that Erleada improved their quality of life and emotional well-being, and 75% described it as very important or critically essential to their care. With access to Erleada, patients are able to delay their cancer progression while maintaining daily functioning and independence, including the ability to continue working.



Half of patients experienced delays and disruptions in access to Erleada and 30% of patients reported not picking up their prescription due to cost. Reliable access to Erleada should be assured for patients; utilization management for this therapy should be limited to clinical requirements included in the FDA-approved label.



Part D plans realizing the benefits of Maximum Fair Price must ensure that patients can access Erleada without unnecessary cost and utilization management barriers.



Erleada allows patients to avoid chemotherapy associated with severe adverse events. Maintaining access to Erleada and other drugs in the anti-androgen class is essential to preserving individual treatment decisions and ensuring clinician choice.

# **Kisqali executive summary: Critical statistics**

# Kisqali executive summary: Critical statistics



- Of the 30 Kisqali-specific survey respondents, 100% are currently taking Kisqali
  - 12 patients (40%) have been taking Kisqali for 3-6 months
  - 15 patients (50%) have been taking Kisqali for 6-9 months
  - 3 patients (10%) have been taking Kisqali for 9-12 months
- 63% of participants (n = 19) noted there was no other alternative therapy they could have considered instead
- 21 patients tried other therapies prior to Kisqali, and 23% of patients (n = 7) were required to do so before Kisqali would be covered (step therapy)
- The most important factors in considering Kisqali as a therapy were:
  1. Quality of life
  2. Impact on survival
  3. Cost
- 40% (n = 12) noted Kisqali has been very important to their cancer care and treatment, with nearly 1 in 3 patients (30%) reporting Kisqali was critically important as the only effective therapy for managing their cancer
- 97% (n = 29) noted Kisqali made their daily of life much better
- 93% (n = 28) reported that Kisqali had a very positive impact on their mental or emotional well-being
- Access to Kisqali is important to patients because of its efficacy, it delays disease progression, and improved quality of life
- Access to Kisqali is also important to patients because its oral route of administration delays need for chemotherapy
- Drawbacks of Kisqali that were cited by participants included high financial burden, side effects, and clinical risks or safety concerns

# Kisqali detailed research findings

# Kisqali survey participant details

**22% of all participants across all treatments of interest reported to have taken or considered taking Kisqali to treat their breast cancer**

## **At the close of the Kisqali data collection period:**

- *137 participants* completed the survey (across all four treatments of interest)
- *30 participants* reported having taken or considered taking **Kisqali**
  - *30 patients* are currently taking Kisqali
  - **60% of all patients who have taken Kisqali (n = 18)** reported being on treatment for 6-12 months
- *21 patients* took other therapies prior to taking Kisqali
- *11 patients* considered alternative therapies instead of Kisqali

# Importance of Kisqali as a treatment

Kisqali's **impact on quality of life**, its **impact on survival**, its **cost**, and **side effect profile** were the most important factors when patients considered Kisqali as a treatment option

Patients were asked to select from a list of factors and rank the **top 5 in order of importance** (1 = most important) when making the decision to take Kisqali to treat their cancer:

## *5 factors of greatest importance to patients when considering Kisqali as a treatment reported by frequency from N = 30*

- 87% (n = 87)** Quality of life
- 70% (n = 21)** Impact on survival
- 63% (n = 19)** Cost
- 45% (n = 18)** Oral medication was a better choice for me
- 38% (n = 15)** Lack of side effects

## Factors Important for Decision Making Shown as Choices for Ranking

- Impact on survival
- Lack of side effects
- Fewer interactions with other medication(s)
- Available through local pharmacy or mail-order pharmacy
- It was the only treatment indicated for my situation
- Other therapies had not worked for me
- Interference with your work or life
- Other health condition(s)
- Whether the medication was covered by insurance
- Provider recommendation based on clinical guidelines or clinical experience
- Quality of life
- How easy (or hard) it was to administer
- Amount of time spent at the doctor's office/hospital related to receiving this treatment
- Cost
- Need for prior authorization
- Other factor that influenced your decision

# Importance of Kisqali as a treatment option

Of the 30 patients who have taken Kisqali, 70% (n = 21) considered the role of Kisqali to be **very important** or **critically essential\* to their cancer care and treatment**. Patients cited **efficacy, quality of life, and convenient oral administration** as the most important attributes of Kisqali



It helped in slowing down the progression of my cancer. – *Patient with breast cancer*

Effective in delaying progression and improving quality of life. – *Patient with breast cancer*

It helps me to do my daily activities without any restrictions. – *Patient with breast cancer*

I was still able to work normally and enjoy life while taking the medication. – *Patient with breast cancer*

I am living a better life now. – *Patient with breast cancer*

Easier to take and less disruptive to daily life. – *Patient with breast cancer*

It is very easy to take at home. – *Patient with breast cancer*

Kisqali is effective and convenient. – *Patient with breast cancer*

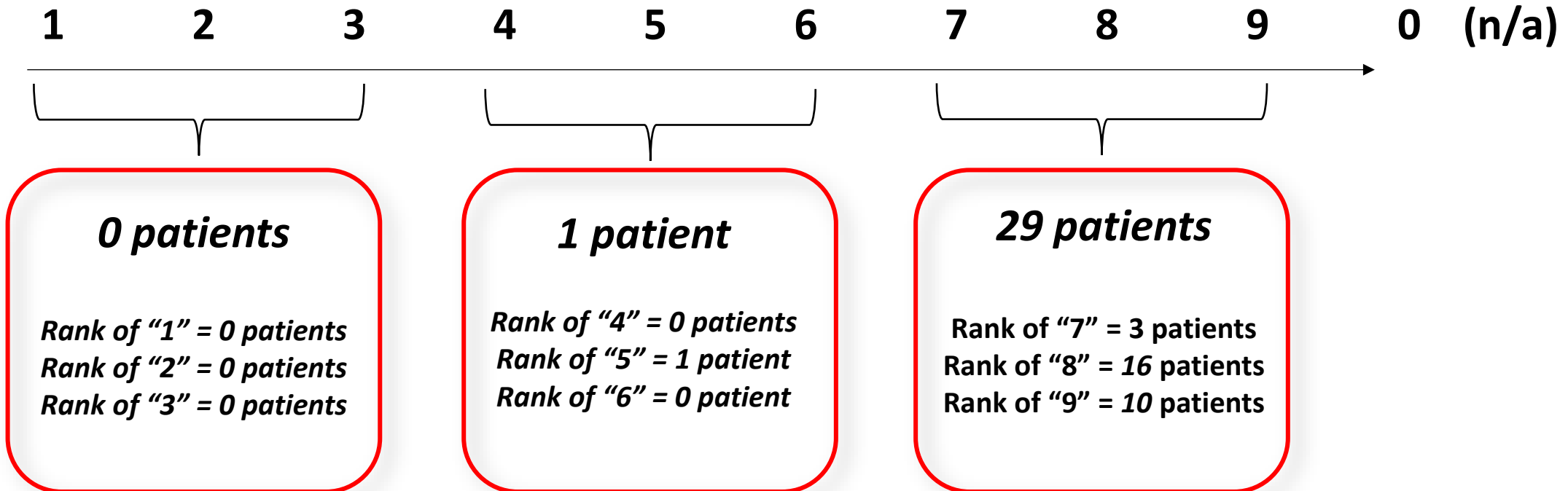
# Impact of Kisqali on patients' daily life

97% of patients (n = 29) reported Kisqali to make their **daily life much better**

Patients who have taken Kisqali (N =30) were asked to rate the **impact of Kisqali on their daily life**

Scale: 1 to 9

1 = *made daily life much worse* → 9 = *made daily life much better*



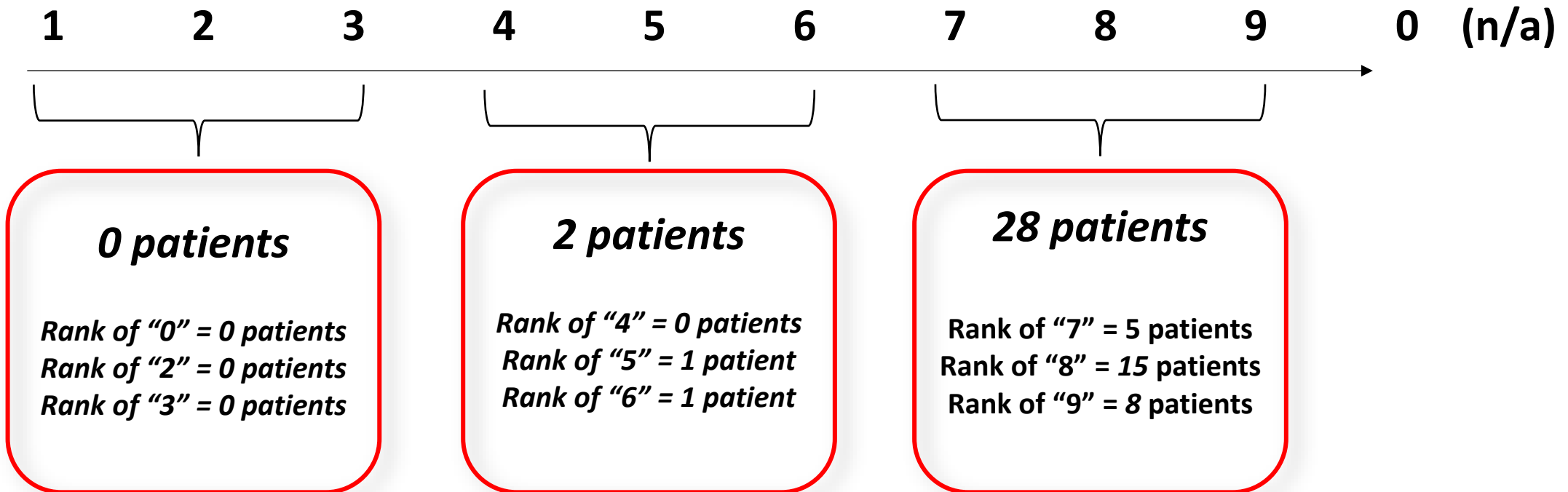
# Impact of Kisqali on patients' emotional or mental well-being

93% of patients (n = 28) reported Kisqali to have a **significant positive impact** on their emotional and mental well-being

Patients who have taken Kisqali (N = 30) were asked to rate the **impact of Kisqali on their emotional or mental well-being**

Scale: 1 to 9

1 = *very negative impact* → 9 = *very positive impact*

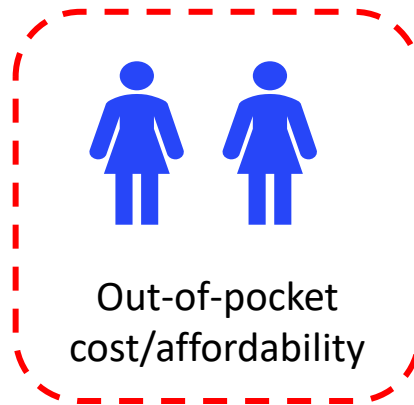
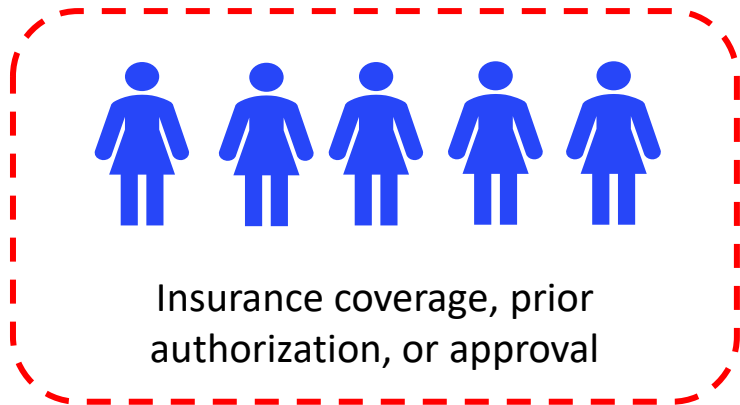


# Challenges in access to Kisqali and financial impacts on adherence and persistence

23% of patients were **required to try step therapies** before taking Kisqali; 4 patients reported the **financial burden** of Kisqali impacted treatment **adherence and persistence**

- 7 patients noted that they were required to try step therapies prior to accessing Kisqali
- 2 patients reported skipping doses or splitting pills of Kisqali due to cost and 2 patients reported not picking up their Kisqali prescription due to cost
- Nearly one quarter of participants (23%, n = 7) reported experiencing treatment delays or interruptions in accessing Kisqali

**Specific reasons for treatment delays or interruptions included:**



# Challenges and barriers in access to Kisqali

Patients reported that **insurance-related delays, high out-of-pocket costs, and limited access to assistance programs** created significant barriers to timely and affordable access to Kisqali



When asked about challenges, delays, or interruptions patients experienced in getting Kisqali:

Insurance approval takes time. – *Patient with breast cancer*

I had insurance-related delays. – *Patient with breast cancer*

My out-of-pocket expenses run into the thousands of dollars every month, so I have to max out my credit cards to cover the costs upfront and wait for the pharmaceutical company's reimbursement to be approved before I can get reimbursed. – *Patient with breast cancer*

When I applied for the patient assistance program, my application was denied because our household income was just slightly above the income threshold. – *Patient with breast cancer*

I had a prior authorization delay. – *Patient with breast cancer*

# Factors CMS decisionmakers should consider when negotiating Kisqali

Kisqali's **cost** and its **clinical efficacy** and **safety** should be considered when negotiating its price



## Cost

It's not just about lowering drug prices. We also need to address the high copays we face every month when picking up our prescriptions. – *Patient with breast cancer*

Lower copay and make it more affordable. – *Patient with breast cancer*

Consider the high copays we face every month. – *Patient with breast cancer*

## Clinical efficacy

Just consider the drug's effectiveness. – *Patient with breast cancer*

Clinical effectiveness and safety should be the priority. – *Patient with breast cancer*

# Factors CMS decisionmakers should consider when negotiating Kisqali

**Facilitating access** and Kisqali's **tolerability** and its **impact on quality of life** should be considered when Kisqali undergoes price negotiation



## Accessibility and insurance coverage

Make it available easily. – *Patient with breast cancer*

Easily obtain the medicine through pharmacies and insurance coverage. – *Patient with breast cancer*

Faster insurance approval is important. – *Patient with breast cancer*

## Tolerability and impact on quality of life

Manageable side effects is important to consider. – *Patient with breast cancer*

Don't compromise with patients' quality of life. – *Patient with breast cancer*

Lesser side effects and better quality of life should be considered.. – *Patient with breast cancer*

Let patients live their lives normally. – *Patient with breast cancer*

# Call to action: Patients depend on Kisqali for survival and quality of life, and need affordable, uninterrupted access



Kisqali is a CDK4/6 inhibitor approved for HR-positive, HER2-negative breast cancer, with evidence demonstrating improved survival outcomes in both metastatic and certain early-stage settings. Kisqali is a critical treatment option that helps to delay disease progression, improve survival, and enable patients to maintain daily functioning and independence, with a convenient oral administration.



Patients report overwhelmingly positive outcomes, with 97% indicating Kisqali improved their daily quality of life and 93% reporting a positive impact on their emotional well-being. Additionally, 70% of patients described Kisqali as very important or critically essential to their care.



Patients value Kisqali for its ability to extend survival while maintaining quality of life, including the ability to continue work, family responsibilities, and daily routines.



Patients report high out-of-pocket costs, even with insurance. Some patients reported skipping doses or not picking up prescriptions due to cost. 23% experienced treatment delays or interruptions, including insurance-related delays and prior authorization barriers. Such access barriers can delay treatment and create uncertainty during critical treatment decision-making periods.



CMS must ensure that price negotiation meaningfully reduces patient cost-sharing while also addressing access barriers, including delays in insurance approval, and administrative burden.



Part D plans must ensure that patients benefit from the Maximum Fair Price (MFP) while maintaining access to Kisqali and other CDK4/6 inhibitors to support individualized, guideline-concordant care.

# **Lenvima executive summary: Critical statistics**

# Lenvima executive summary: Critical statistics



- Of the 34 Lenvima-specific survey respondents, 91% are currently taking Lenvima
  - 4 patients (12%) have been taking Lenvima for 3-6 months
  - 17 patients (50%) have been taking Lenvima for 6-9 months
  - 6 patients (18%) have been taking Lenvima for 9-12 months
  - 7 patients (21%) have been taking Lenvima for longer than 2 months
- 44% of participants (n = 15) noted there was no other alternative therapy they could have considered instead
- 26 patients tried other therapies prior to Lenvima, and 32% of patients (n = 11) were required to do so before Lenvima would be covered (step therapy)
- The most important factors in considering Lenvima as a therapy were:
  1. Quality of life
  2. Impact on survival
  3. Cost
- 65% (n = 22) noted Lenvima has been very important to their cancer care and treatment, with nearly 1 in 3 patients (27%) reporting Lenvima was critically important as the only effective therapy for managing their cancer
- 94% (n = 32) noted Lenvima made their daily of life much better
- 97% (n = 33) reported that Lenvima had a very positive impact on their mental or emotional well-being
- Access to Lenvima is important to patients because of its efficacy, impact on quality of life, and its oral route of administration delays need for chemotherapy
- Drawbacks of Lenvima that were cited by participants included side effects, high cost, and insurance barriers

# Lenvima detailed research findings

# Lenvima survey participant details



**25% of all participants across all treatments of interest reported to have taken or considered taking Lenvima to treat their cancer; 53% of patients who have taken Lenvima (N = 34) were diagnosed with kidney cancer and 41% were diagnosed with liver cancer**

## At the close of the Lenvima data collection period:

- 137 participants completed the survey (across all four treatments of interest)
- 34 participants reported having taken **Lenvima**
  - **31 patients** are currently taking Lenvima
  - **3 patients** previously took Lenvima and completed their treatment
  - **88% of all patients who have taken Lenvima (N = 34)** reported being on treatment for 6 months or more
- 26 patients took other therapies prior to taking Lenvima
- 19 patients considered alternative therapies instead of Lenvima

## Cancer diagnoses of patients who have taken Lenvima

	N	Percent
Breast cancer	1	3%
Endometrial cancer	0	0%
Kidney cancer	18	53%
Liver cancer	14	41%
Skin cancer	1	3%
Thyroid cancer	0	0%

# Importance of Lenvima as a treatment

Lenvima's **impact on quality of life**, its **impact on survival**, its **cost**, and **side effect profile** were the most important factors when patients considered Lenvima as a treatment option

Patients were asked to select from a list of factors and rank the **top 5 in order of importance** (1 = most important) when making the decision to take Lenvima to treat their cancer:

## ***5 factors of greatest importance to patients when considering Lenvima as a treatment reported by frequency from N = 34***

- 77% (n = 26)** Quality of life
- 77% (n = 26)** Impact on survival
- 67% (n = 23)** Cost
- 44% (n = 15)** Lack of side effects
- 41% (n = 14)** Whether the medication was covered by insurance

## **Factors Important for Decision Making Shown as Choices for Ranking**

- Impact on survival
- Lack of side effects
- Fewer interactions with other medication(s)
- Available through local pharmacy or mail-order pharmacy
- It was the only treatment indicated for my situation
- Other therapies had not worked for me
- Interference with your work or life
- Other health condition(s)
- Whether the medication was covered by insurance
- Provider recommendation based on clinical guidelines or clinical experience
- Quality of life
- How easy (or hard) it was to administer
- Amount of time spent at the doctor's office/hospital related to receiving this treatment
- Cost
- Need for prior authorization
- Other factor that influenced your decision

# Importance of Lenvima as a treatment option

Of the 34 patients who have taken Lenvima, 91% (n = 31) considered the role of Lenvima to be **very important** or **critically essential\*** to their cancer care and treatment. Patients cited **efficacy, extending survival, maintaining quality of life, and convenient oral administration** as the most important attributes of Lenvima



It's been effective where other treatments failed. – *Patient with kidney cancer*

It shrunk my tumor by half. – *Patient with advanced kidney cancer*

It slows cancer progression and gives me a chance to live longer. – *Patient with kidney cancer*

It delays cancer progression and gives me more time with stable disease. – *Patient with liver cancer*

Effective and helps me live to a normal daily life.. – *Patient with kidney cancer*

It has given me an extended and better quality of life. – *Patient with kidney cancer*

Lenvima is an oral medication, so I don't have to keep going to the hospital. – *Patient with kidney cancer*

Once-daily oral medication with easy dosing. – *Patient with liver cancer*

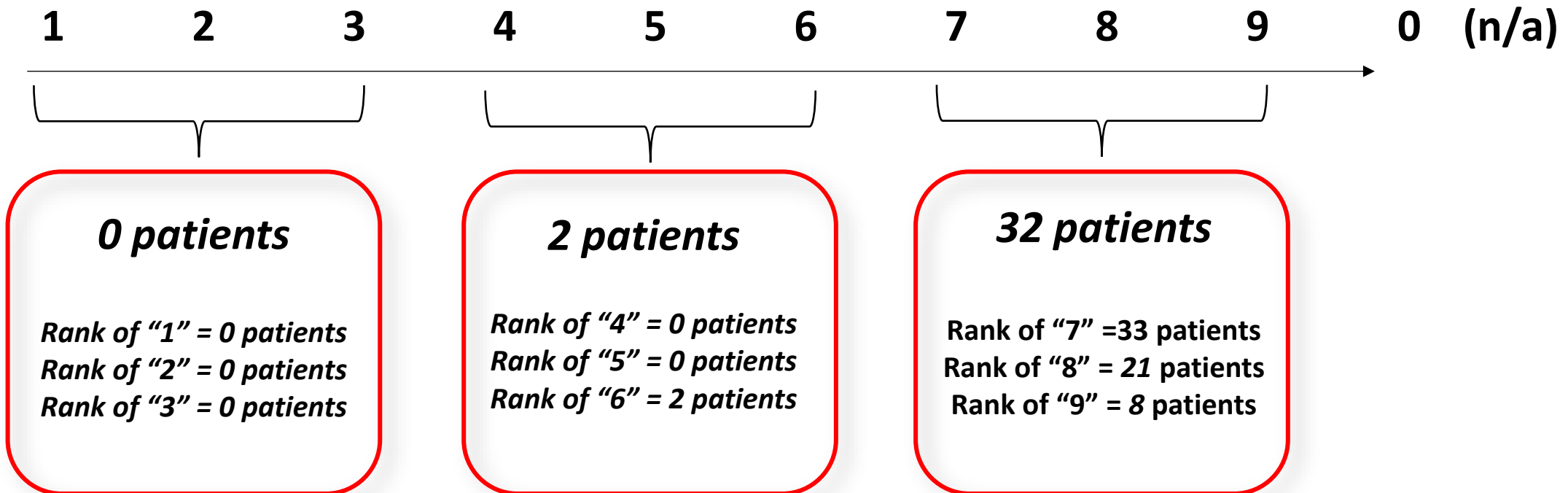
# Impact of Lenvima on patients' daily life

94% of patients (n = 32) reported Lenvima to make their **daily life much better**

Patients who have taken Lenvima (N =34) were asked to rate the **impact of Lenvima on their daily life**

Scale: 1 to 9

1 = *made daily life much worse* → 9 = *made daily life much better*



# Impact of Lenvima on patients' emotional or mental well-being

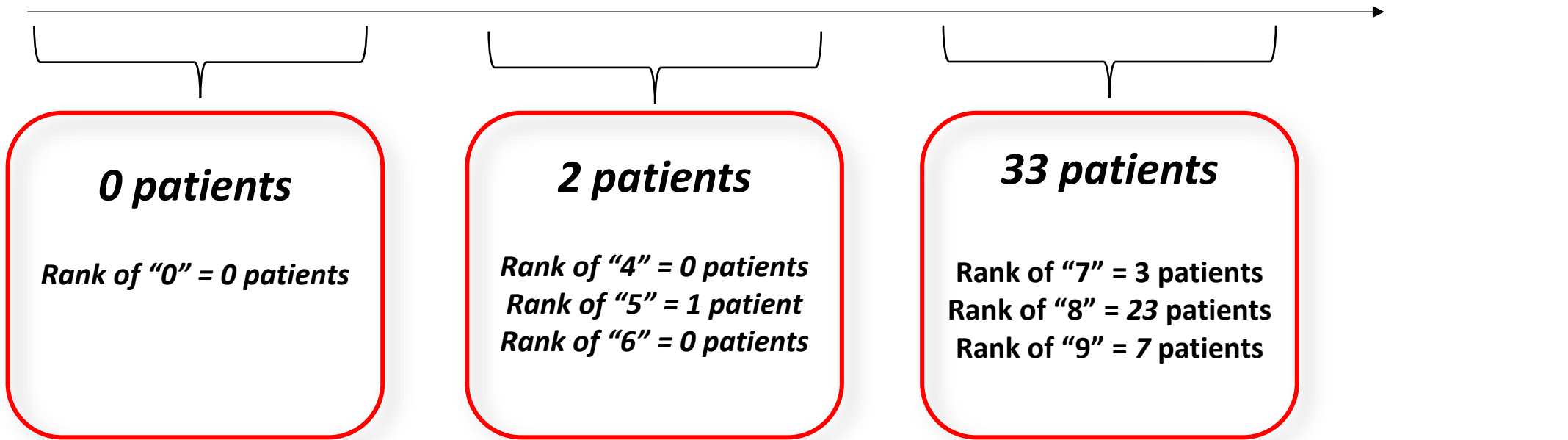
97% of patients (n = 33) reported Lenvima to have a **significant positive impact** on their emotional and mental well-being

Patients who have taken Lenvima (N = 34) were asked to rate the **impact of Lenvima on their emotional or mental well-being**

Scale: 1 to 9

1 = *very negative impact* → 9 = *very positive impact*

1      2      3      4      5      6      7      8      9      0 (n/a)

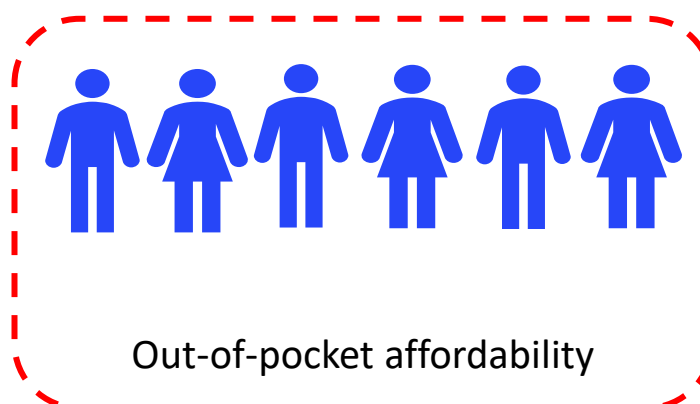
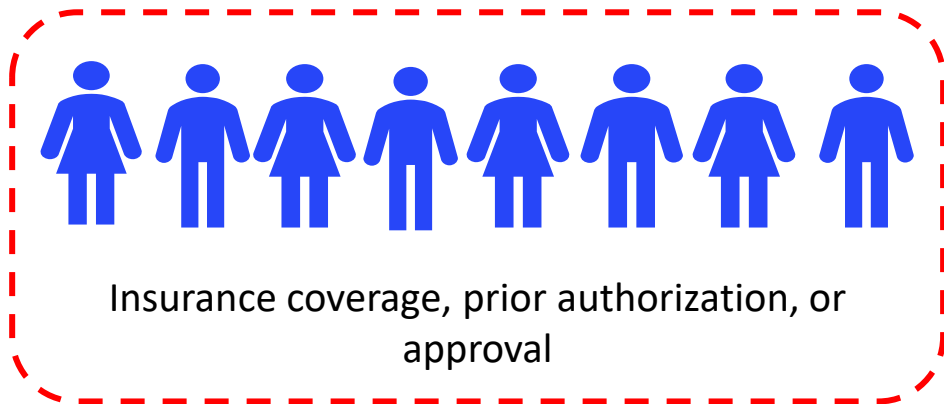


# Challenges in access to Lenvima and financial impacts on adherence and persistence

32% of patients were **required to try step therapies** before taking Lenvima; 12 patients reported the **financial burden** of Lenvima impacted treatment **adherence and persistence**

- 11 patients noted that they were required to try step therapies prior to accessing Lenvima
- 6 patients reported skipping doses or splitting pills of Lenvima due to cost
- 6 patients reported not picking up their Lenvima prescription due to cost
- 44% of patients (n= 15) reported experiencing treatment delays or interruptions in accessing Lenvima

**Specific reasons for treatment delays or interruptions included:**



# Challenges and barriers in access to Lenvima

Patients reported **challenges related to affordability and insurance barriers** while taking Lenvima, including **high copays, prior authorization delays, and pharmacy supply issues**



When asked about challenges, delays, or interruptions patients experienced in getting Lenvima:

The pharmacy told me the out-of-pocket cost would be \$5,800, so I had to max out two credit cards to pay for it. – *Patient with kidney cancer*

I hit my out-of-pocket maximum in the first year, but it resets the next year, so I had to sell stocks just to cover my medication cost. – *Patient with kidney cancer*

To afford my medication, I had to cancel my gym membership and suspend my internet service.. – *Patient with kidney cancer*

Getting pre-authorization from my insurance company took three weeks. – *Patient with kidney cancer*

My insurance provider denied coverage. – *Patient with kidney cancer*

The pharmacy said they were out of stock, and I'd have to wait five days. For those five days, I had nightmares every night about the tumor growing out of control. – *Patient with kidney cancer*

# Factors CMS decisionmakers should consider when negotiating Lenvima

Lenvima's **cost burden, its efficacy, and its impact of quality of life** should be taken into account when negotiating its price



## Cost

When negotiating price reductions, think of the elderly people who stop taking their medication because their out-of-pocket costs are too high and end up in the emergency room. – *Patient with kidney cancer*

If you want to talk about price, listen to the recording of my conversation with the doctor where I haggled over whether I could take half a pill. – *Patient with kidney cancer*

If you include the cost of blood pressure medication, anti-diarrheal medicine, and hand cream, Lenvima forced me to pay for all of that too. – *Patient with kidney cancer*

## Clinical efficacy and impact on quality of life

How well it works in controlling cancer should be the priority. – *Patient with liver cancer*

Quality of life—not just survival. – *Patient with liver cancer*

Improved survival and gives me quality of life. – *Patient with liver cancer*

# Call to action: Patients prioritize and are deserving of affordable access to Lenvima



Lenvima is an oral targeted therapy approved for multiple cancers, including thyroid cancer, renal cell carcinoma, and hepatocellular carcinoma, often used when disease is advanced or progressing. Lenvima can delay disease progression, extend survival, and maintain quality of life, while enabling treatment through convenient oral administration and delaying the need for chemotherapy.



Patients receiving Lenvima often have limited treatment options, making timely and consistent access critical to slowing disease progression and extending survival.



Patients value Lenvima for its role in controlling disease and, in some cases, delaying the need for more intensive or burdensome treatments. 94% of patients reported that Lenvima improved their daily quality of life and 97% reported a positive impact on their emotional well-being. Additionally, 70% of patients described Lenvima as very important or critically essential to their care.



Coverage restrictions, high out-of-pocket costs, and utilization barriers (as experienced by 32% of patients) may delay or disrupt treatment, negatively impacting adherence and outcomes. Timely access is particularly important for patients with advanced cancers, where treatment interruptions can lead to rapid disease progression and increased symptom burden.



CMS must ensure that price negotiation meaningfully reduces the patient cost burden, including total cost of care, without creating additional access barriers so patients can initiate and remain on treatment without interruption.



Part D plans must ensure that patients benefit from the Maximum Fair Price while maintaining access to Lenvima and other treatment options to support individualized care

# **Verzenio executive summary: Critical statistics**

# Verzenio executive summary: Critical statistics



- Of the 33 Verzenio-specific survey respondents, 29 are currently taking Verzenio and 4 completed treatment
- 27% of patients reported taking Verzenio for 3-6 months, and 70% took or have been taking Verzenio for over six months
- 18 % (n = 6) noted there was no other alternative therapy they could have considered instead
- 21 patients tried other therapies prior to Verzenio, and 55% of patients (n = 18) were required to do so before Verzenio would be covered (step therapy)
- The most important factors in considering Verzenio as a therapy were:
  1. Quality of life
  2. Impact on survival
  3. Cost
- 70% (n = 23) noted Verzenio has been very important to their cancer care and treatment, with nearly 1 in 3 (30%) reporting Verzenio was *critically important* as the only effective therapy for managing their cancer
- 97% (n = 32) noted Verzenio made their daily quality of life much better
- 100% (N = 33) reported that Verzenio had a very positive impact on their mental or emotional well-being
- Access to Verzenio is important to patients because of its efficacy, impact on disease progression and recurrence, and its effect on quality of life
- Drawbacks of Verzenio that were cited by participants included its high cost, its side effect profile and safety concerns, and access and insurance barriers

# Verzenio detailed research findings

# Verzenio survey participant details



**24% of all participants across all treatments of interest reported to have taken or considered taking Verzenio to treat their blood cancer (lymphoma, leukemia, multiple myeloma) or breast cancer**

### At the close of the Verzenio data collection period:

- *137 participants* completed the survey (across all four treatments of interest)
- *33 participants* reported having taken or considered taking **Verzenio**
  - *29 patients* are currently taking Verzenio
  - *4 patients* previously took Verzenio and completed their treatment
  - **70% of all patients who have taken Verzenio (n = 23)** reported being on treatment for 6 months or more
- *21 patients* took other therapies prior to taking Verzenio
- *27 patients* considered alternative therapies instead of Verzenio

### Cancer diagnoses of patients who have taken Verzenio

	N	Percent
Blood cancer (lymphoma, leukemia, multiple myeloma)	2	6%
Breast cancer	31	94%

# Importance of Verzenio as a treatment



Verzenio's **impact on quality of life**, its **impact on survival**, its **cost**, **provider's recommendation of Verzenio**, and **ease of administration** were the most important factors when patients considered Verzenio as a treatment option

Patients were asked to select from a list of factors and rank the **top 5 in order of importance** (1 = most important) when making the decision to take Verzenio to treat their cancer:

## *5 factors of greatest importance to patients when considering Verzenio as a treatment reported by frequency from N=33*

- 76% (n = 25)** Quality of life
- 64% (n = 21)** Impact on survival
- 39% (n = 13)** Cost
- 36% (n = 12)** Provider recommendation based on clinical guidelines or clinical experience
- 36% (n = 12)** How easy (or hard) it was to take the medication

## Factors Important for Decision Making Shown as Choices for Ranking

- Impact on survival
- Lack of side effects
- Fewer interactions with other medication(s)
- Available through local pharmacy or mail-order pharmacy
- It was the only treatment indicated for my situation
- Other therapies had not worked for me
- Interference with your work or life
- Other health condition(s)
- Whether the medication was covered by insurance
- Provider recommendation based on clinical guidelines or clinical experience
- Quality of life
- How easy (or hard) it was to administer
- Amount of time spent at the doctor's office/hospital related to receiving this treatment
- Cost
- Need for prior authorization
- Other factor that influenced your decision

# Importance of Verzenio as a treatment option

Of the 33 patients who have taken Verzenio, 100% (N = 33) considered the role of Verzenio to be **very important** or **critically essential\* to their cancer care and treatment**. Patients cited **efficacy, slowing disease progression / reducing risk of recurrence, and maintain quality of life as the most important attributes of Verzenio**



It's helping keep my cancer under control. – *Patient with breast cancer*

It's the only treatment that's really working for me. – *Patient with breast cancer*

It gives me hope for longer-term stability. – *Patient with breast cancer*

Significantly reduces the risk of recurrence. – *Patient with breast cancer*

My oncologist told me that Verzenio would significantly reduce the chance of recurrence. – *Patient with breast cancer*

Verzenio gives me hope for long-term survival and a better quality of life. – *Patient with breast cancer*

Help me maintain a normal lifestyle so that my life isn't completely disrupted by illness. – *Patient with breast cancer*

It reduces the risk of cancer recurrence or metastasis, giving me a greater sense of security. – *Patient with breast cancer*

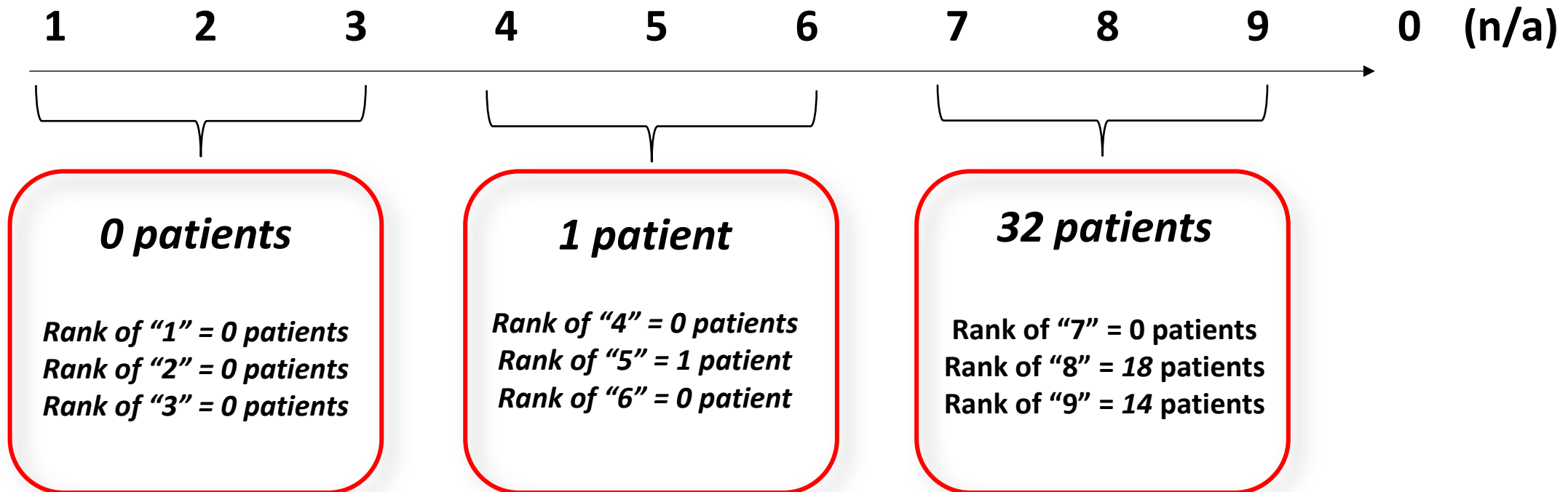
# Impact of Verzenio on patients' daily life

97% of patients (n = 32) reported Verzenio to make their **daily life much better**

Patients who have taken Verzenio (N =33) were asked to rate the **impact of Verzenio on their daily life**

Scale: 1 to 9

1 = *made daily life much worse* → 9 = *made daily life much better*



# Impact of Verzenio on patients' emotional or mental well-being

100% of patients (N = 33) reported Verzenio to have a **significant positive impact** on their emotional and mental well-being

Patients who have taken Verzenio (N = 33) were asked to rate the **impact of Verzenio on their emotional or mental well-being**

Scale: 1 to 9

1 = *very negative impact* → 9 = *very positive impact*

1      2      3      4      5      6      7      8      9      0 (n/a)



**0 patients**

Rank of "0" = 0 patients  
Rank of "2" = 0 patients  
Rank of "3" = 0 patients

**0 patients**

Rank of "4" = 0 patients  
Rank of "5" = 0 patients  
Rank of "6" = 0 patients

**33 patients**

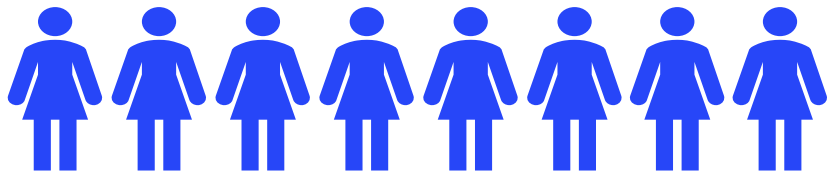
Rank of "7" = 3 patients  
Rank of "8" = 15 patients  
Rank of "9" = 15 patients

# Challenges in access to Verzenio and financial impacts on adherence and persistence

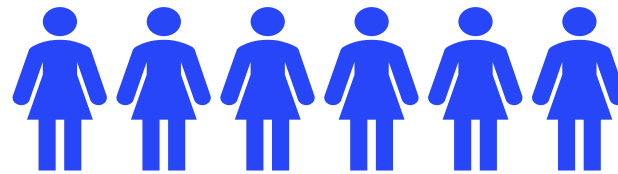
55% of patients were **required to try step therapies** before taking Verzenio; 18 patients reported the **financial burden** of Verzenio impacted treatment **adherence and persistence**

- 18 patients noted that they were required to try step therapies prior to accessing Verzenio
- 9 patients reported skipping doses or splitting pills of Verzenio due to cost and 9 patients reported not picking up their Verzenio prescription due to cost
- 42% of patients (n = 14) reported experiencing any treatment delays or interruptions in accessing Verzenio

**Specific reasons for treatment delays or interruptions included:**



Insurance coverage, prior authorization, or approval



Out-of-pocket cost/affordability

# Challenges and barriers in access to Verzenio

Patients reported **challenges related to affordability and access** while taking Verzenio, including **high out-of-pocket costs, insurance coverage barriers, and prior authorization or administrative delays**



When asked about challenges, delays, or interruptions patients experienced in getting Verzenio:

I have high out-of-pocket costs and significant financial strain. – *Patient with breast cancer*

I had a change in insurance coverage and am unable to afford the costs. – *Patient with breast cancer*

Even with insurance, the high out-of-pocket costs and deductibles were still too much for me to handle, and at one point I was at risk of having to stop taking my medication. – *Patient with breast cancer*

There were hurdles due to insurance. – *Patient with breast cancer*

The insurance company repeatedly requested additional medical records, which caused me to wait nearly a month before my prescription was approved. – *Patient with breast cancer*

I had prior authorization delays. – *Patient with breast cancer*

# Factors CMS decisionmakers should consider when negotiating Verzenio

Overwhelmingly, Verzenio's **cost and its coverage by insurance** should be taken into account when negotiating its price



Streamline the rigorous insurance approval process and don't let cumbersome procedures delay patients' access to effective treatments. – *Patient with breast cancer*

It is essential to make patients' heavy out-of-pocket costs and actual ability to pay central considerations in price reduction negotiations. – *Patient with breast cancer*

This drug saves and prolongs lives, but its current cost is prohibitive--\$15,000 a month! Also, Medicare patients have to pay the \$2,100 maximum out of pocket amount for the drug. That is a high price for retirees. – *Patient with breast cancer*

The financial burden of long-term medication: Can patients afford it and continue taking it over the long term? – *Patient with breast cancer*

# Factors CMS decisionmakers should consider when negotiating Verzenio

Verzenio's **efficacy and safety** and its **positive impact on quality of life** should be considered when Verzenio undergoes price negotiation



Help patients maintain their ability to work and reduce poverty and family burden caused by illness. – *Patient with breast cancer*

Its effective control of disease progression – *Patient with breast cancer*

Consider how much it improves survival rates – *Patient with breast cancer*

It improves overall health. – *Patient with breast cancer*

Consider the significance of this drug in the chronic management of breast cancer. – *Patient with breast cancer*

Consider its impact on daily living and routine. – *Patient with breast cancer*

# Call to action: Patients depend on Verzenio for disease control and quality of life, and need affordable, uninterrupted access



Verzenio is a CDK4/6 inhibitor used to treat HR-positive, HER2-negative breast cancer, including in early-stage and metastatic settings. For many patients, Verzenio represents a critical component of long-term treatment, particularly in the adjuvant setting where delaying disease progression and preventing recurrence are the primary goals.



Verzenio helps to control disease progression, reduce the risk of recurrence, and maintain quality of life, with a manageable side effect profile and convenient administration.



Patients report that maintaining access to therapies like Verzenio supports both survival outcomes and quality of life, allowing them to continue daily activities during treatment. Specifically, 100% of patient report Verzenio is very important or critically essential to their care, 97% report an improved daily quality of life, and 100% report a positive impact on emotional and mental well-being.



Affordability and access barriers, including high out-of-pocket costs, step therapy (55% of patients), prior authorization, and insurance coverage challenges, limit timely treatment initiation. Patients experience adherence and persistence challenges, with patients reporting skipped doses, unfilled prescriptions due to cost, and 42% experiencing delays or interruptions in care. In early-stage disease where timing is critical, interruptions or discontinuation due to cost or access challenges may increase the risk of recurrence or disease progression



CMS must ensure that price negotiation meaningfully reduces patient cost burden and improves insurance coverage, while eliminating administrative barriers that delay access to therapy.



Part D plans must ensure that patients benefit from the Maximum Fair Price and can access Verzenio without delays or restrictive barriers, while preserving access to other therapies within the CDK4/6 inhibitor class.

Thank you!