

# Comparative Pharmacoeconomic Assessment of CDK4/6 Inhibitors in a Large Brazilian Private Payer

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**Take-home message: palbociclib showed longer continuation versus abemaciclib and lower monthly drug-cost estimates versus both comparators.**

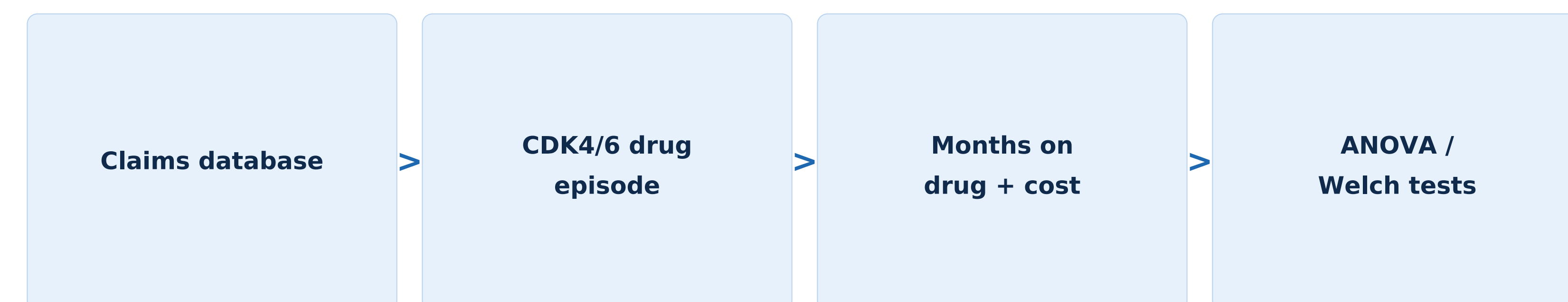
## Objective

To compare real-world costs and treatment continuation for palbociclib, ribociclib, and abemaciclib among women with breast cancer treated under a large Brazilian private health plan.

The payer question was whether agents within the same therapeutic class differed in persistence and monthly drug cost in routine practice.

## Methods

- Design: retrospective claims analysis.
- Data source: oncology database and billing records from Unimed Fortaleza.
- Period: January 2021 through December 2025.
- Population: women with breast cancer and a claim for palbociclib, ribociclib, or abemaciclib.
- Cost handling: BRL amounts converted to USD using the corresponding monthly average exchange rate; 1-cent claims were coded to zero.



## Study cohort

**N=227** Women with advanced breast cancer with at least one CDK4/6 inhibitor claim

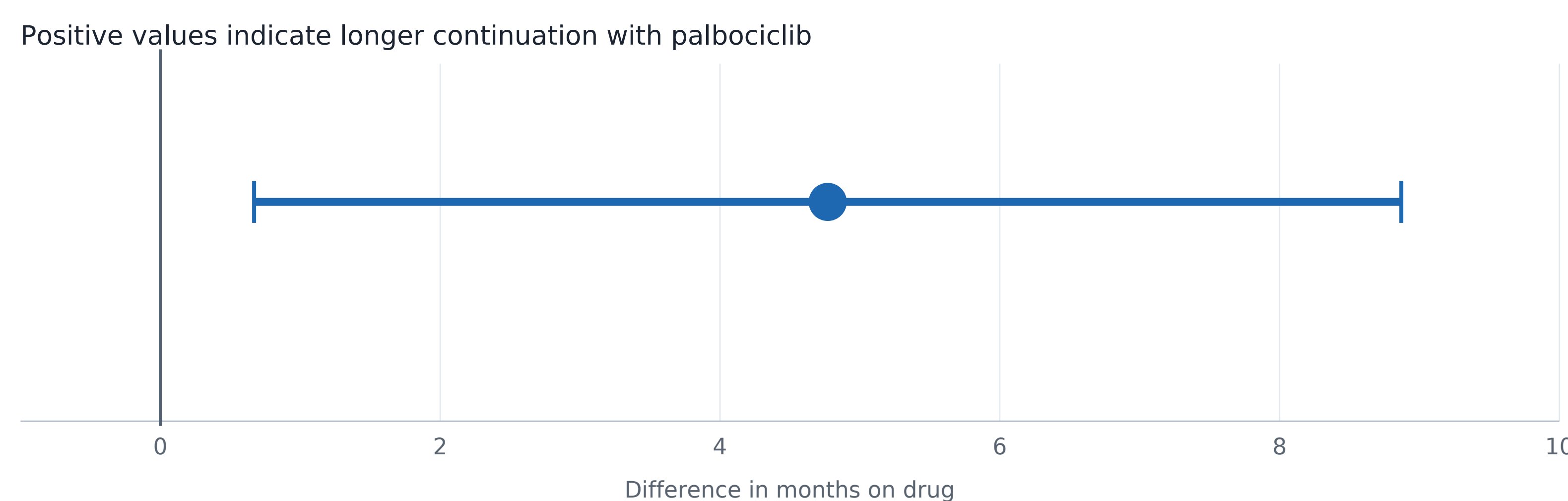


Real-world billing records were used to quantify drug exposure and monthly drug costs under a large Brazilian private health plan.

## Treatment continuation

### Palbociclib vs abemaciclib

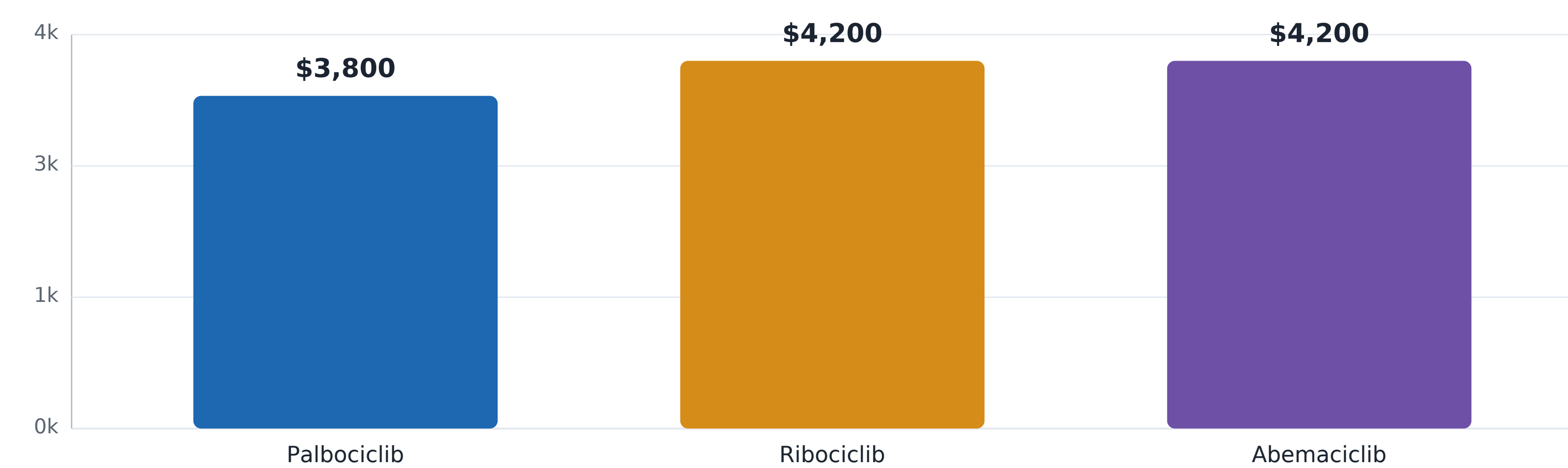
**+4.77 months** 95% CI 0.67 to 8.87  
p=0.023



## Drug cost per patient-month

### Mean monthly drug cost, USD

Approximate values from the abstract; overall ANOVA p=0.005



### Pairwise monthly cost differences

Comparison	Difference	95% CI	p
Palbociclib vs ribociclib	-\$396	-\$793 to \$0	0.050
Palbociclib vs abemaciclib	-\$423	-\$869 to \$22	0.062
Ribociclib vs abemaciclib	Similar	-	NS

Negative values indicate lower monthly cost for palbociclib.

## Key findings

**227**

patients received at least one CDK4/6 inhibitor

**+4.77**

months palbociclib vs abemaciclib

**p=0.005**

overall cost difference across inhibitors

**-\$396 to -\$423**

monthly cost signal favoring palbociclib

## HEOR interpretation

### Within-class heterogeneity

The analysis suggests payer-relevant differences in treatment continuation and monthly drug costs among CDK4/6 inhibitors.

### Payer relevance

Results can inform local formulary discussions, budget-impact models, and real-world value monitoring.

### Clinical caution

Therapeutic decisions should remain individualized; claims-based economic signals should complement, not replace, clinical judgment.

## Limitations

- Retrospective claims design; treatment allocation was not randomized.
- Clinical covariates, line of therapy, response, toxicity, dose modification, and disease stage were not available in the submitted abstract.
- Costs reflect drug-claim amounts and may not capture all health care resource use.
- Single-payer setting may limit transportability to public systems or other private payers.

## Conclusion and contact

In this large Brazilian private payer analysis, palbociclib was associated with significantly longer treatment continuation compared with abemaciclib and a consistent trend toward lower monthly drug costs compared with ribociclib and abemaciclib.

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