Pharmacist-Led Quality Improvement Project to Optimize Abemaciclib (Verzenio) Dosing Within a Community Oncology Network

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Background

Dose interruption/reduction of abemaciclib may be required based on individual safety and tolerability in patients with breast cancer. In the monarchE trial, 43.7% of patients treated with adjuvant abemaciclib required dose reductions, most commonly for diarrhea.1

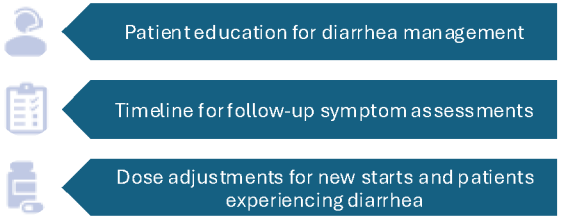
Abemaciclib dose reductions were shown to effectively manage adverse events with only 8.9% of patients discontinuing after a dose reduction. However, 52% of patients who discontinued abemaciclib due to an adverse event did not have a prior dose reduction.2

Objective(s)

Implement pharmacist-led interventions to optimize abemaciclib dosing, improve patient tolerability while maintaining treatment efficacy, and demonstrate the value of pharmacist-driven care in supporting clinical outcomes.

Methods

- A quality improvement project was initiated on 7/1/2025 within American Oncology Network (AON) Pharmacy for AON practices.
- Education was distributed to providers through the Pharmacy and Therapeutics Committee and the Pharmacy Newsletter.
- The population evaluated included new start abemaciclib patients in both the adjuvant and metastatic settings whose prescription is dispensed by AON Pharmacy between 7/1/2025 – 3/31/2026.
- Data was collected from our dispensing software (Prime), clinical software (Asembia), and electronic health record (OncoEMR).
- Clinical Pharmacists standardized:



Discussion

Data has shown that the efficacy of abemaciclib is not compromised by dose reductions for patients with high-risk early breast cancer or advanced breast cancer.3,4

Timely evaluations for adverse reactions, a reduced starting dose, or dose escalation as used in the TRADE study may allow patients to continue therapy longer and therefore maximize efficacy.5

Quantity of pharmacist interventions	• 168 new start patients counseled • 31 interventions were made by the clinical pharmacists for abemaciclib dose adjustments
Intervention success rate	• Success defined with receipt of a dose-reduced prescription following intervention (goal 80%) • 87% success rate achieved
Percent of patients who discontinued abemaciclib without a prior dose reduction	• Goal ≤20%; 30% at baseline • Among those who discontinued during the study period, 15% discontinued without prior dose reduction

Results / Conclusion

- Pharmacist-led interventions improve abemaciclib dosing to maximize tolerability and maintain efficacy.
- Medically-Integrated Pharmacy intervention proves impactful in a community oncology network.

Reference(s)

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Disclosure

There are no financial or personal disclosures