RxLens

RXLENS DISPATCH NHS MEDICINES INTELLIGENCE

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Lilly leads, Pfizer slips, Novartis surges: the £510m breast-cancer pill race

Three once-daily tablets — Verzenios, Ibrance and Kisqali — are now standard in hormone-receptor-positive breast cancer. Lilly's Verzenios leads on spend, the first-to-market Ibrance has slipped to second, and Novartis's Kisqali is growing fastest after a 2025 NICE expansion. RxLens reads the public data.

~£510m a year · Verzenios 47% / Ibrance 32% / Kisqali 21% · Kisqali +38% in six months

CDK4/6 inhibitors are oral tablets that, taken with hormone therapy, have become standard treatment for hormone-receptor-positive, HER2-negative breast cancer — the commonest form of the disease. Because they are dispensed through hospital cancer pharmacies, NHS secondary-care data captures them well, and because all three are used for essentially one disease, the comparison is unusually clean.

Over the latest year, English NHS hospitals dispensed an indicative £510 million of the three products.

The order has shifted. Pfizer's palbociclib (Ibrance) was first to market and once dominant; it now sits second on spend. Lilly's abemaciclib (Verzenios) leads, helped by its NICE-recommended use after surgery in high-risk early breast cancer.

The most striking movement is Novartis's ribociclib (Kisqali): the smallest of the three, but growing fastest — up about 38% in the latest six months. That tracks NICE's July 2025 recommendation of Kisqali for high-risk early breast cancer, estimated to open the treatment to thousands more patients. Use is concentrated in the major cancer centres — the Christie, Clatterbridge and the Royal Marsden.

Sources: NHS England Secondary Care Medicines Data (NHSBSA, Open Government Licence v3.0); NICE TA495, TA810 and TA1086. Auto-generated by RxLens, a product of Nexcea Limited — full references at the end.

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Executive summary

This worked showcase reads the public NHS dispensing data for the three CDK4/6 inhibitors in English hospitals over the latest twelve months (April 2025 to March 2026): abemaciclib (Verzenios; Eli Lilly), palbociclib (Ibrance; Pfizer) and ribociclib (Kisqali; Novartis). All three are used for hormone-receptor-positive, HER2-negative breast cancer, so the comparison is clean; it is framed around indicative spend.

Headline findings:

- **A £510m, three-way race.** Abemaciclib leads on indicative spend (~47%), ahead of palbociclib (~32%) and ribociclib (~21%).
- **The first-mover is no longer the leader.** Palbociclib was first to NICE approval (2017) and once dominant, but has been overtaken by abemaciclib, which is also recommended after surgery in high-risk early breast cancer (NICE TA810).
- **Ribociclib is the fastest-growing.** Though smallest today, ribociclib grew about 38% in the latest six months — consistent with NICE's July 2025 recommendation in high-risk early breast cancer (TA1086), estimated to reach thousands more patients.
- **Concentrated in major cancer centres.** Use centres on the large specialist cancer providers — the Christie, Clatterbridge and the Royal Marsden lead.

In short: In short, a maturing three-horse race: a clear current leader in abemaciclib, a displaced first-mover in palbociclib, and a fast-rising challenger in ribociclib whose trajectory is the one to watch as its early-breast-cancer use expands.

1. About this showcase

Data and scope

We use the **NHS England Secondary Care Medicines Data (SCMD)**, which records the quantity and indicative cost of each medicine dispensed by every NHS Trust pharmacy in England each month.[1] These therapies fit secondary-care data well because they are administered or dispensed through hospital services. This edition covers all of England over the latest twelve months (April 2025 to March 2026).

How we measure

We compare products by **indicative spend (£)**, the measure least dependent on assumptions, alongside share of spend and month-by-month trend. Two honest notes on what the data can and cannot do: it records *indicative* cost (list-price based, before the confidential discounts NHS Trusts actually pay); and it is recorded at generic (molecular) level, so it distinguishes **different molecules** cleanly — which is what this comparison rests on — but cannot separate individual brands of the same molecule.

2. The products

The products compared, with their manufacturers and how they are used:

Molecule	Brand	Manufacturer
Abemaciclib	Verzenios	Eli Lilly
Palbociclib	Ibrance	Pfizer
Ribociclib	Kisqali	Novartis

Abemaciclib (Verzenios). Oral CDK4/6 inhibitor taken with endocrine therapy. Recommended by NICE for advanced disease and, since 2022, after surgery in high-risk node-positive early breast cancer (TA810).

Palbociclib (Ibrance). The first CDK4/6 inhibitor recommended by NICE (TA495, 2017) for hormone-receptor-positive advanced breast cancer; once the market leader.

Ribociclib (Kisqali). Oral CDK4/6 inhibitor for advanced disease and, from July 2025, for high-risk early breast cancer after surgery (TA1086) — an expansion that is driving rapid growth.

3. Spend and market share

Across the year, English NHS hospitals dispensed an indicative £510 million of the three CDK4/6 inhibitors.

Product	Manufacturer	Indicative spend	Share
Abemaciclib (Verzenios)	Eli Lilly	£239.3m	46.9%
Palbociclib (Ibrance)	Pfizer	£162.1m	31.7%
Ribociclib (Kisqali)	Novartis	£109.3m	21.4%
Total		**£510.7m**	**100%**

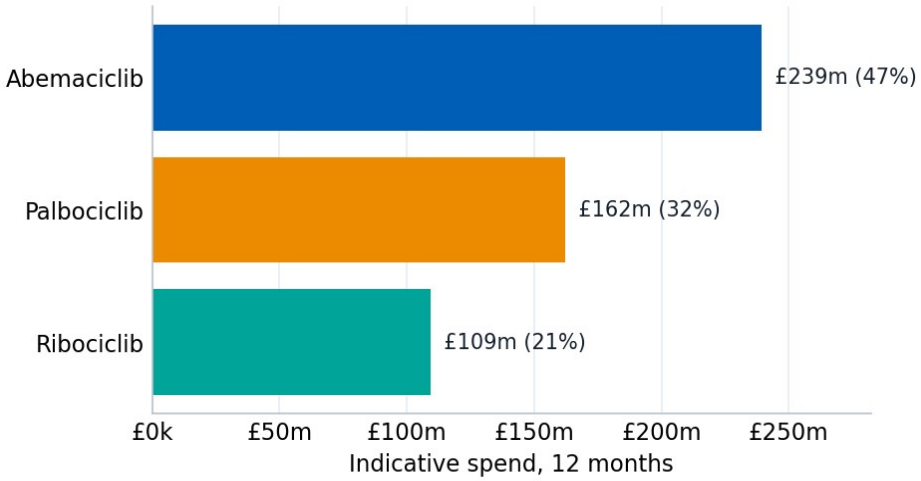

Figure 1. Indicative spend and share by product, England, 12 months to March 2026.

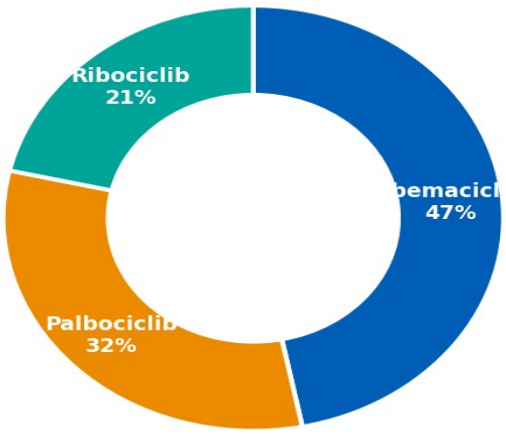

Figure 2. Share of indicative spend.

4. Trend over the year

Abemaciclib and palbociclib are broadly steady over the year, but ribociclib climbs sharply — about 38% higher in the latest six months than the previous six — narrowing the gap to the leaders.

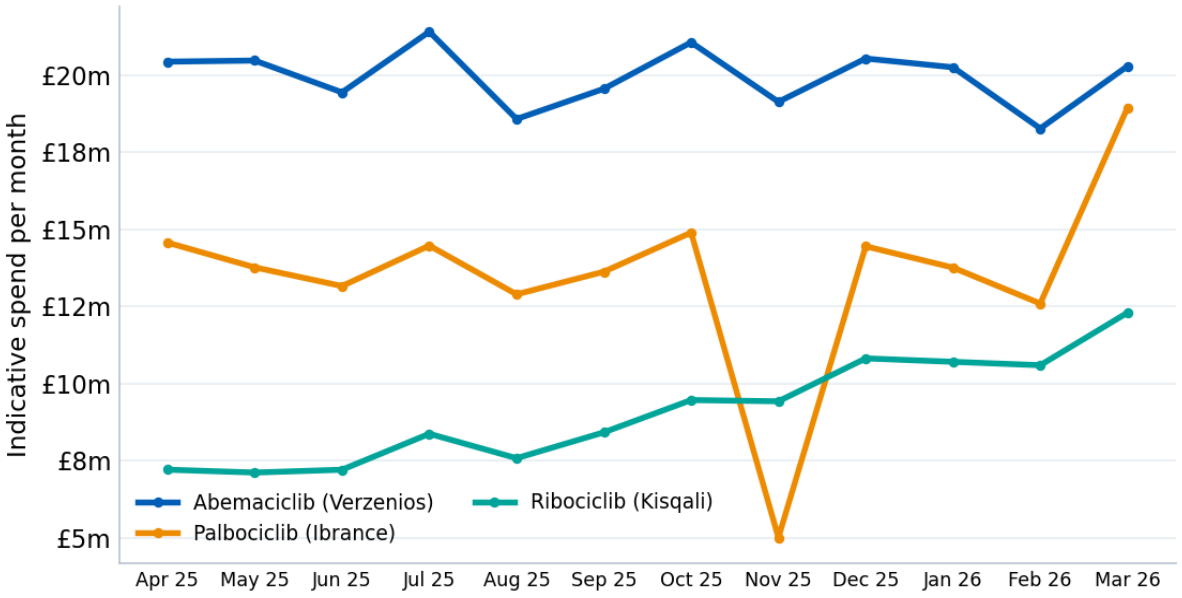

Figure 3. Monthly indicative spend by product, England.

Product	Trend (%/month)	Latest 6 mo vs prior 6 mo
Abemaciclib	-0.3%	-0%
Palbociclib	+0.5%	-3%
Ribociclib	+5.0%	+38%

5. Where it is used — by NHS Trust

Around 100 NHS Trusts dispense these medicines, but use centres on the large specialist cancer providers. The chart shows the largest.

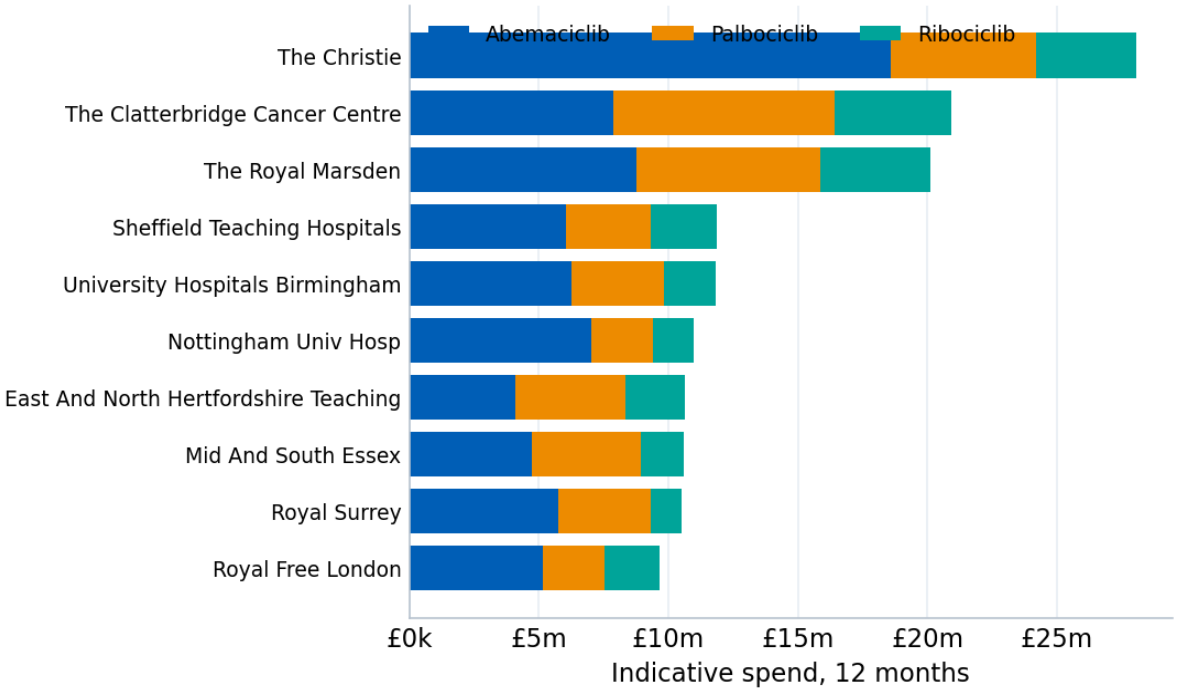

Figure 4. Largest NHS Trusts by indicative spend, stacked by product.

Across England, 105 NHS Trusts dispensed one or more of these products over the year. The biggest accounts are the major cancer centres — the Christie, Clatterbridge and the Royal Marsden — reflecting where complex breast-cancer care is delivered.

6. Method, caveats and references

Method: indicative spend and dispensed quantity were summed from the monthly SCMD files for each molecule, across all NHS Trusts in England, for April 2025 to March 2026. Trends are from monthly linear regression and a comparison of the latest six months with the previous six. ODS codes were mapped to Trust names and regions.

Caveats: costs are indicative (list-price based) and ignore confidential discounts, so absolute figures and shares should be read as directional; SCMD covers hospital dispensing in England only (not primary care, private care, or the other UK nations); and the data is at molecular level, so it cannot separate brands of the same molecule. These do not change the direction of the findings.

References

[1] NHS Business Services Authority. Secondary Care Medicines Data (SCMD). NHSBSA Open Data Portal. https://opendata.nhsbsa.net/dataset/secondary-care-medicines-data-indicative-price (accessed June 2026).

[2] National Institute for Health and Care Excellence. Palbociclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer. Technology appraisal guidance TA495. https://www.nice.org.uk/guidance/ta495 (accessed June 2026).

[3] National Institute for Health and Care Excellence. Abemaciclib with endocrine therapy for adjuvant treatment of hormone receptor-positive, HER2-negative, node-positive early breast cancer at high risk of recurrence. Technology appraisal guidance TA810. https://www.nice.org.uk/guidance/ta810 (accessed June 2026).

[4] National Institute for Health and Care Excellence. Ribociclib with an aromatase inhibitor for adjuvant treatment of hormone receptor-positive, HER2-negative early breast cancer at high risk of recurrence. Technology appraisal guidance TA1086. https://www.nice.org.uk/guidance/ta1086 (accessed June 2026).