



NDA 208716/S-022

SUPPLEMENT APPROVAL

Eli Lilly and Company
Attention: Julie Mund, MS, PhD
Senior Director – Global Regulatory Affairs
Lilly Corporate Center
Drop Code 2543
Indianapolis, IN 46285

Dear Dr. Mund:

Please refer to your supplemental new drug application (sNDA) dated January 26, 2026, received January 26, 2026, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) for Verzenio (abemaciclib) tablets.

This Prior Approval Supplemental New Drug Application provides for the addition of the following indication based on results from EMBER-3: A Study of Imlunestrant, Investigator's Choice of Endocrine Therapy, and Imlunestrant Plus Abemaciclib in Participants With ER+, HER2- Advanced Breast Cancer:

VERZENIO is a kinase inhibitor indicated in combination with imlunestrant for the treatment of adults with estrogen receptor (ER)-positive, human epidermal growth factor receptor 2 (HER2)-negative, estrogen receptor-1 (ESR1)-mutated advanced or metastatic breast cancer, as detected by an FDA authorized test, with disease progression following at least one line of endocrine therapy.

APPROVAL & LABELING

We have completed our review of this application, as amended. It is approved, effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), as described at FDA.gov.¹ Content of labeling must be identical to the enclosed labeling (Prescribing Information and Patient Package Insert), with the addition of any labeling changes in

¹ <http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>

pending “Changes Being Effected” (CBE) supplements, as well as annual reportable changes not included in the enclosed labeling.

Information on submitting SPL files using eList may be found in guidance for industry *SPL Standard for Content of Labeling Technical Qs and As*.²

The SPL will be accessible from publicly available labeling repositories.

Also, within 14 days, amend all pending supplemental applications that include labeling changes for this NDA, including CBE supplements for which the FDA has not yet issued an action letter, with the content of labeling [21 CFR 314.50(l)(1)(i)] in Microsoft Word format, that includes the changes approved in this supplemental application, as well as annual reportable changes. To facilitate review of your submission(s), provide a highlighted or marked-up copy that shows all changes, as well as a clean Microsoft Word version. The marked-up copy should provide appropriate annotations, including supplement number(s) and annual report date(s).

REQUIRED PEDIATRIC ASSESSMENTS

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients (which includes new salts and new fixed combinations), new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication in pediatric patients unless this requirement is waived, deferred, or inapplicable.

We are waiving the pediatric study requirement for this application because necessary studies are impossible or highly impracticable as breast cancer rarely or never occurs in pediatric patients.

POSTMARKETING COMMITMENTS SUBJECT TO REPORTING REQUIREMENTS UNDER SECTION 506B

We remind you of your postmarketing commitment:

- 5067-1 Complete the pre-specified, event-driven overall survival (OS) analyses, including for the *ESR1*-mutated subgroup, comparing the imlunestrant + abemaciclib and imlunestrant monotherapy arms from the ongoing clinical trial, EMBER-3 (Study J2J-OX-JZLC), titled, “A Phase 3, Randomized, Open-Label Study of Imlunestrant, Investigator’s Choice of Endocrine Therapy, and Imlunestrant plus Abemaciclib in Patients with Estrogen-Receptor Positive, HER2 Negative Locally Advanced or Metastatic Breast Cancer Previously Treated with Endocrine Therapy”, to further characterize the clinical benefit of imlunestrant + abemaciclib in patients

² We update guidances periodically. For the most recent version of a guidance, check the FDA Guidance Documents Database <https://www.fda.gov/RegulatoryInformation/Guidances/default.htm>.

with estrogen-receptor positive, HER2 negative, *ESR1*-mutated advanced breast cancer.

The timetable you submitted on August 18, 2026, states that you will conduct this study according to the following schedule:

Interim Report Submission (OS): 02/2028

Trial Completion: 05/2028

Final Report Submission: 11/2028

Submit the final OS analysis and datasets with the final report submission.

Submit clinical protocols to your IND 106100 for this product. Submit nonclinical and chemistry, manufacturing, and controls protocols and all postmarketing final reports to this NDA. In addition, under 21 CFR 314.81(b)(2)(vii) and 314.81(b)(2)(viii) you should include a status summary of each commitment in your annual report to this NDA. The status summary should include expected summary completion and final report submission dates, any changes in plans since the last annual report, and, for clinical studies/trials, number of patients/subjects entered into each study/trial. All submissions, including supplements, relating to these postmarketing commitments should be prominently labeled “**Postmarketing Commitment Protocol**,” “**Postmarketing Commitment Final Report**,” or “**Postmarketing Commitment Correspondence**.”

PROMOTIONAL MATERIALS

You may request advisory comments on proposed introductory advertising and promotional labeling. For information about submitting promotional materials, see guidance for industry *Providing Regulatory Submissions in Electronic and Non-Electronic Format-Promotional Labeling and Advertising Materials for Human Prescription Drugs*.

You must submit final promotional materials and Prescribing Information, accompanied by a Form FDA 2253, at the time of initial dissemination or publication [21 CFR 314.81(b)(3)(i)]. Form FDA 2253 is available at FDA.gov.³ Information and Instructions for completing the form can be found at FDA.gov.⁴

PATENT LISTING REQUIREMENTS

Pursuant to 21 CFR 314.53(d)(2) and 314.70(f), certain changes to an approved NDA submitted in a supplement require you to submit patent information for listing in the Orange Book upon approval of the supplement. You must submit the patent information required by 21 CFR 314.53(d)(2)(i)(A) through (C) and 314.53(d)(2)(ii)(A) and (C), as

³ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf>

⁴ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf>

applicable, to FDA on Form FDA 3542 within 30 days after the date of approval of the supplement for the patent information to be timely filed (see 21 CFR 314.53(c)(2)(ii)). You also must ensure that any changes to your approved NDA that require the submission of a request to remove patent information from the Orange Book are submitted to the FDA at the time of approval of the supplement pursuant to 21 CFR 314.53(d)(2)(ii)(B) and 314.53(f)(2)(iv).

REPORTING REQUIREMENTS

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

If you have any questions, contact Katherine Kim, Regulatory Project Manager, at 240-402-9853 or katherine.kim1@fda.hhs.gov.

Sincerely,

{See appended electronic signature page}

Laleh Amiri Kordestani, MD
Director
Division of Oncology 1
Office of Oncologic Diseases
Center for Drug Evaluation and Research

ENCLOSURE(S):

- Content of Labeling
 - Prescribing Information
 - Patient Package Insert

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

CHRISTY L OSGOOD
09/18/2026 01:09:43 PM
Signing on Behalf of Ialeh Amiri Kordestani