EE547

Budget Impact Analysis of Epcoritamab for the Treatment of Adult Patients With Relapsed or Refractory Diffuse Large B-Cell Lymphoma After Two or More Lines of Systemic Therapy in Greece

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OBJECTIVE

To investigate the budgetary impact of adopting epcoritamab for the recently indicated treatment of relapsed or refractory (R/R) diffuse large B-cell lymphoma (DLBCL) after at least two lines of systemic therapy in Greece

CONCLUSIONS

The budget impact analysis suggests that the reimbursement of epcoritamab for the treatment of patients with R/R DLBCL after at least two lines of systemic therapy would have a limited budgetary impact in Greece considering its promising clinical and administration benefits

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George Papageorgiou is an employee of AbbVie. All authors declare no other competing interests.

References: 1. Quintanilla-Martinez et al., Virchows Arch, 2023. 483(3): p. 281-298. 2. Smith, A., et al., Br J Cancer, 2015. 112(9): p. 1575-84. 3. De Angelis, R., et al., Eur J Cancer, 2015. 51(15): p. 2254-68. 4. Ghazawi, F., et al., JAAD, 2018. 79(3): p. AB131. 5. Ma, Q., et al., Blood, 2021. 138: p. 4111. 6. Wang, H., et al., Value in Health, 2018. 21: p. S74. 7. Crump, M., et al., Blood, 2017. 130(16): p. 1800-8. 8. Ren, J., et al., J Comp Eff Res, 2019. 8(6): p. 393-402. 9. Kanas, G., et al., Leuk Lymphoma, 2022. 63(1): p. 54-63. 10. European Medicines Agency (EMA). EPAR-Product information 2024.; Available from: https://www.ema.europa.eu/en/medicines/human/EPAR/tepkinly. 11. Hutchings, M., et al., Lancet, 2021. 398(10306): p. 1157-1169. 12. Thieblemont, C., et al., Clin Oncol, 2023. 41(12): p. 2238-2247. 13. Greek Ministry of Health. Drug Price Bulletin. Available from: http://www.moh.gov.gr. Accessed June 2024. 14. Loupas, M.A., et al., Value in Health, 2022. 25(12, Supplement): p. S112. 15. Tzanetakos, C., et al., Value in Health, 2023. 26(12, Supplement): p. S69. 16. Gourzoulidis, G., et al., Expert Rev Pharmacoecon Outcomes Res, 2024. 24(3): p. 375-385. 17. Economopoulos, T., et al., Acta Haematol, 2005. 113(2): p. 97-103. 18. European Cancer Information System (ECIS 2022); Available from: https://ecis.jrc.ec.europa.eu/index.php.

INTRODUCTION

- Diffuse large B-cell lymphoma (DLBCL) is the most common aggressive NHL subtype, accounting for approximately 40% of all NHL cases[1]
- DLBCL is an aggressive type of cancer with significant burden[2-6]. Symptoms usually develop rapidly and progress quickly. Treatments aim to cure DLBCL, but in many people, it is refractory to treatment, or it relapses after initial treatment[7-9]
- Epcoritamab is the first and only subcutaneous bispecific antibody for the treatment of relapsed or refractory (R/R) DLBCL, which enables rapid administration in an outpatient setting, and greater flexibility and convenience for both clinicians and patients compared with existing intravenous therapies[10]. It has demonstrated clinically meaningful efficacy in a heavily pre-treated population, alongside a manageable safety profile in the EPCORE NHL-1 trial[11,12]
- Epcoritamab may be an effective and safe treatment option for patients with R/R DLBCL, but it also imposes a tangible cost to the healthcare systems and payers

METHODS

- A budget impact model was adapted from a public payer perspective to delineate the 3-year financial implications of introducing epcoritamab for the treatment of R/R DLBCL in the 3rd line+ treatment setting, alongside other available therapies in Greece
- Market share scenarios with and without epcoritamab and directly reimbursed costs of treatment (including drug acquisition, administration, monitoring, adverse events, and terminal care costs) were considered
- Resource use, unit costs and epidemiological data were retrieved from officially published sources[13-18], whereas the projected uptake of epcoritamab was provided by AbbVie Hellas
- The primary measured outcome was the total budgetary impact, calculated by comparing the respective budget expenditures with and without epcoritamab in the market share mix scenarios

RESULTS

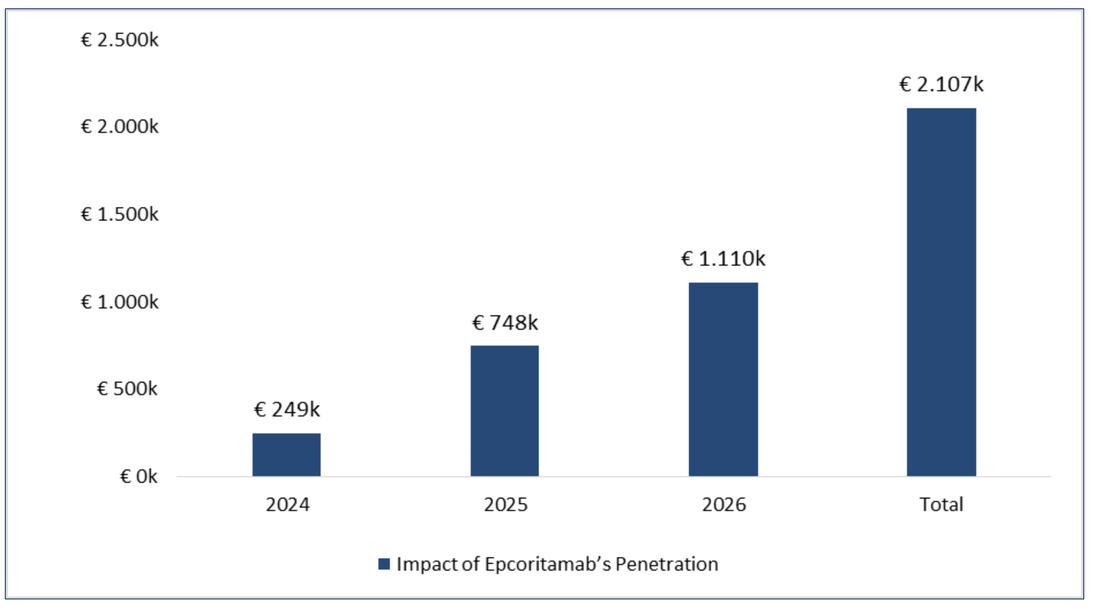
Epidemiological data	Value	Number of patients	Source
Incidence of non-Hodgkin lymphoma	-	1,663	ECIS 2022 [18]
Incidence of diffuse large B-cell lymphoma	42%	698	Economopoulos et al. (2005) [17]
Proportion receiving first line therapy	95%	664	Local market research & model calculation
Proportion receiving second line therapy	35%	232	
Proportion receiving third line therapy	45%	105	

Patient projections					
Current market scenario (without Epcoritamab)	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**
R-CIT	31	29	26	23	21
Pola+BR	37	34	31	29	27
Glofitamab	10	17	25	31	38
Tafa+len	14	14	14	13	13
Axi-cel	5	4	3	3	2
Tisa-cel	7	6	5	5	4
Future market scenario (with Epcoritamab)	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Epcoritamab	13	18	23	28	33
R-CIT	29	26	23	19	16
Pola+BR	32	28	25	19	15
Glofitamab	9	17	21	26	31
Tafa+len	10	7	6	6	5
Axi-cel	4	3	2	2	1
Tisa-cel	6	5	4	4	3

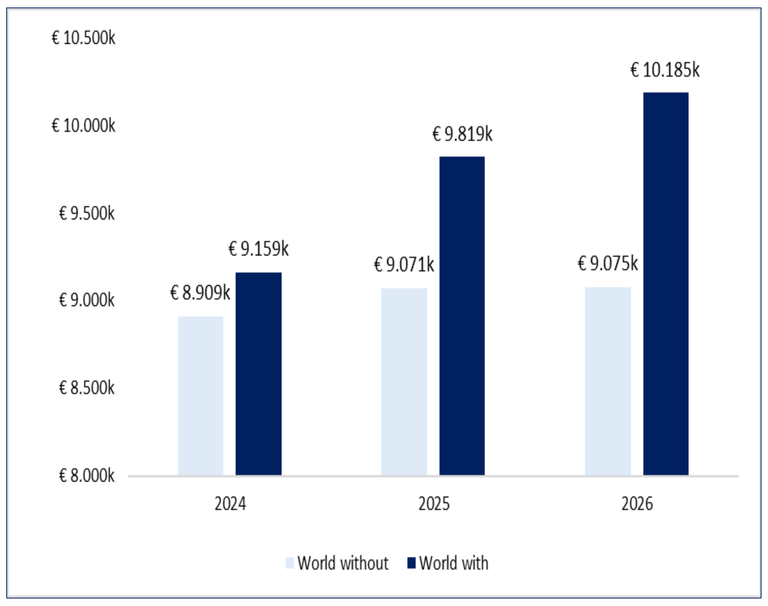
Abbreviations: R-CIT, rituximab-based chemoimmunotherapy; Pola+BR, polatuzumab vedotin with bendamustine plus rituximab; Tafa+len, tafasitamab plus lenalidomide; Axi-cel, axicabtagene ciloleucel; Tisa-cel, tisagenlecleucel; ECIS, European Cancer Information System.

- Over the next 3 years, the total budgetary impact after the addition of epcoritamab to the original treatment mix was estimated at €2,107,127
- The average annual total public expenditure for therapies in the world without epcoritamab was estimated at €9,018,406, whereas after the introduction of epcoritamab at €9,720,782, generating an average annual additional cost of €702,376
- Sensitivity analyses showed no major deviations from the base case analysis

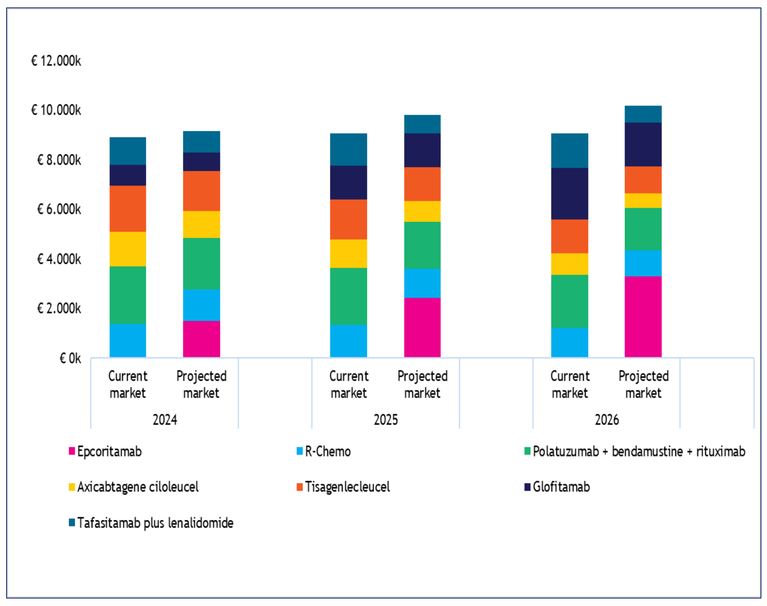
Total budgetary impact: World with vs. world without Epcoritamab



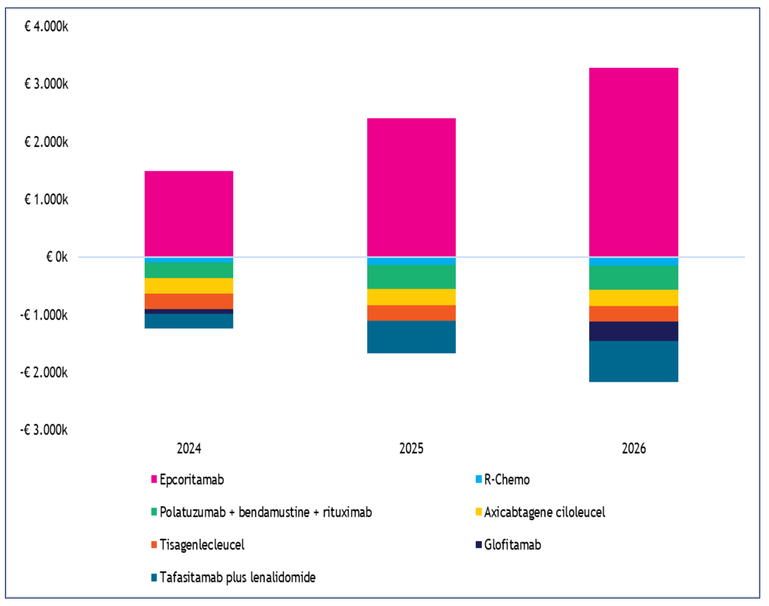
Total annual budget: World with vs. World without Epcoritamab



Annual budget by comparator: World with vs. world without Epcoritamab



Annual budgetary impact by comparator: World with vs. world without Epcoritamab



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