EE548

Cost-Effectiveness 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

Charalampos Tzanetakos[1], George Papageorgiou[2], Anthony Wang[3], Marina Psarra[1], George Gourzoulidis[1]

[1]Health Through Evidence G.P., Athens, Greece; [2]AbbVie Pharmaceuticals S.A., Athens, Greece, [3]AbbVie Inc., North Chicago, IL, USA

OBJECTIVE

To estimate the cost-effectiveness of epcoritamab compared to available treatment alternatives for treating relapsed or refractory (R/R) diffuse large B-cell lymphoma (DLBCL) after at least two lines of systemic therapy in Greece

CONCLUSIONS

Epcoritamab was estimated to be the most effective and cost-effective therapy compared to all other available therapies for patients with R/R DLBCL in the third line treatment setting in Greece

The present cost-effectiveness findings underpin the potential of epcoritamab as a promising treatment option in R/R DLBCL patients, where despite the currently available treatments, a large unmet need still exists

This study was funded by AbbVie Pharmaceuticals S.A.. AbbVie participated in the conceptualization, review, and approval of the publication. AbbVie had no interference in the study design, data collection, data analysis and interpretation, the writing of this study or the decision to submit it for publication. All authors critically reviewed this publication for important intellectual content and gave their approval for this version to be published. The authors would like to thank AbbVie Pharmaceuticals S.A. for funding this study. The authors also thank AbbVie employees Harland Dave, Lukasz Pera and Guilhem Pietri (outsourced to AbbVie) for their remarkable contribution to this study.

George Papageorgiou and Anthony Wang are employees 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. NICE. Technology appraisal guidance [TA954]. 2024. 14. AbbVie indirect treatment comparison. Data on file. September 2023. 15. NICE. Technology appraisal guidance [TA567]. 2019. 16. NICE. Technology appraisal guidance [TA649]. 2020. 17. Schuster, S.J., et al., N Engl J Med, 2019. 380(1): p. 45-56. 18. Dickinson, M.J., et al., N Engl J Med, 2022. 387(24): p. 2220-2231. 19. NICE. Technology appraisal guidance [TA883]. 2023. 20. Greek Ministry of Health. Drug Price Bulletin. Available from: http://www.moh.gov.gr. Accessed June 2024. 21. Loupas, M.A., et al., Value in Health, 2022. 25(12, Supplement): p. S112. 22. Tzanetakos, C., et al., Value in Health, 2023. 26(12, Supplement): p. S69. 23. Gourzoulidis, G., et al., Expert Rev Pharmacoecon Outcomes Res, 2024. 24(3): p. 375-385. 24. Tzanetakos, C and G. Gourzoulidis. Value Health Reg Issues, 2023. 36: p. 18-26.

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]

METHODS

- A partitioned survival model, with three different health states (progression-free survival [PFS], post-progression survival, and death)[13], was locally adapted from a Greek payer perspective over a lifetime horizon
- Epcoritamab was compared to all available 3L therapeutic choices for R/R DLBCL in Greece
- Matching-adjusted indirect comparisons (MAICs) were employed to generate comparative efficacy evidence[14]. The parametric survival models were based on fit statistics, visual inspection, clinical plausibility, and external data validity. Safety and utility data were extracted from the EPCORE-NHL-1 trial and literature[15-19]
- Drug acquisition, administration, monitoring, adverse events, and terminal care costs were considered in the analyses[20-23]

RESULTS

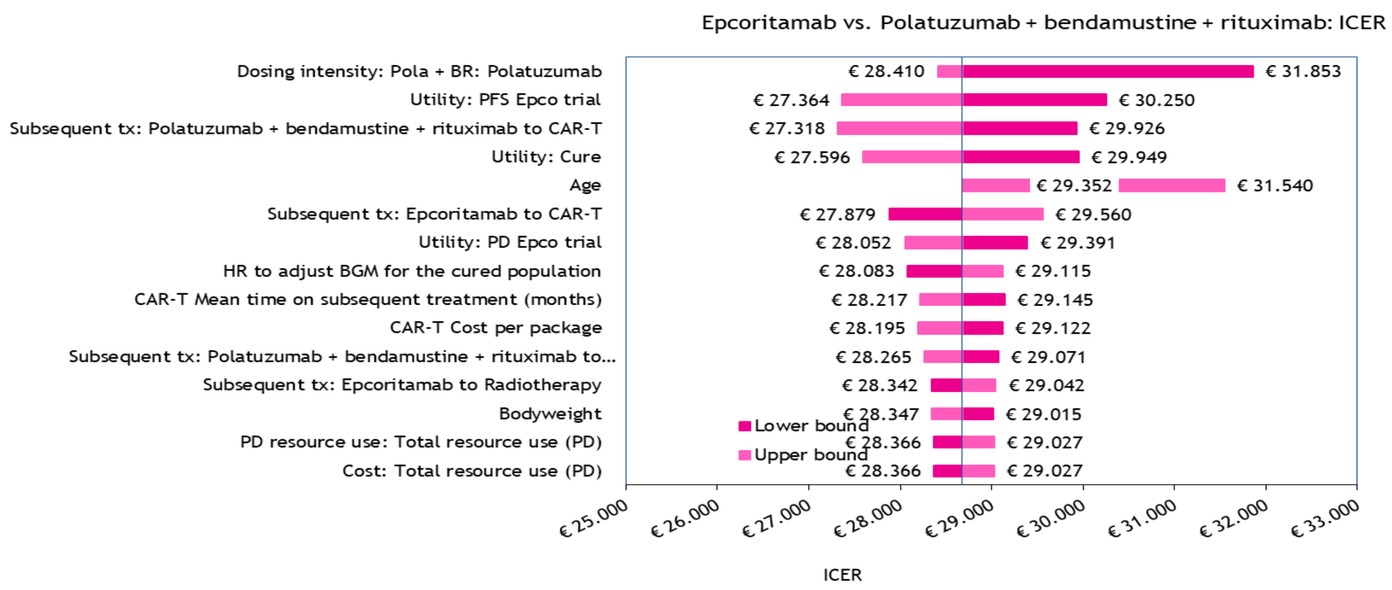
Base case pairwise results for patients who were ineligible for, or choose not to receive, intensive therapies					
Therapy	**Lifetime Total costs**	**Lifetime Total QALYs**	**Epcoritamab versus comparator**		
			Incremental costs	**Incremental QALYs**	**Cost per QALY gained[a]**
Epcoritamab	€ 160,961	3.299	-	-	-
R-CIT	€ 46,981	0.555	€ 113,981	2.744	€ 41,539
Epcoritamab	€ 149,426	3.582	-	-	-
Pola+BR	€ 69,157	0.783	€ 80,268	2.799	€ 28,681
Glofitamab	€ 89,361	2.666	€ 60,065	0.916	€ 65,600
Tafa+len	€ 169,632	1.858	- € 20,207	1.724	Dominant
Base case pairwise results for patients who were eligible to receive intensive therapies					
Therapy	**Lifetime Total costs**	**Lifetime Total QALYs**	**Epcoritamab versus comparator**		
			Incremental costs	**Incremental QALYs**	**Cost per QALY gained[a]**
Epcoritamab	€ 200,973	4.036	-	-	-
Axi-cel	€ 272,817	3.198	- € 71,843	0.838	Dominant
Tisa-cel	€ 261,281	1.620	- € 60,307	2.416	Dominant

Notes: [a] All ICERs fall within the cost-effectiveness threshold of €67,000 per QALY gained [3 x GDP/capita] [24].
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; ICER, Incremental cost- effectiveness ratio; QALY, Quality Adjusted Life Year.

- Compared to R-CIT, pola+BR, glofitamab, and tafa+len, epcoritamab was found to be more effective and cost-effective
- In patients eligible for CAR-T therapy, epcoritamab was found to be a dominant treatment compared to both Axi-cel and Tisa-cel
- Epcoritamab therapy was associated with 100% probability of being cost effective compared to pola+BR, the most marketed comparator in Greece, at the defined cost-effectiveness threshold of €67,000
- The results of the one-way sensitivity analysis confirmed the robustness of base case results versus pola+BR. Varying individually several model parameters, the results were found fairly insensitive across treatment comparisons
- Epcoritamab seems to have successfully expanded the therapeutic armamentarium for the management of patients with R/R DLBCL after at least two lines of systemic therapy offering decision makers, patients and clinicians a therapeutic option that is not only clinically effective but also economically efficient

Deterministic and probabilistic sensitivity analysis (Epcoritamab versus most utilized treatment [Pola+BR] in Greece)

Tornado diagram - 15 Most Influential Parameters on ICER



Cost-effectiveness acceptability curve

Contact details: c.tzanetakos@hte.gr