

# Cost-of-Care Comparison of Elranatamab-bcmm and Teclistamab-cqyv in Adult Patients With Relapsed or Refractory Multiple Myeloma (RRMM)

## Objectives



Elranatamab-bcmm and teclistamab-cqyv are bispecific antibodies that were granted FDA accelerated approval for the treatment of adult patients with RRMM based on high and durable response rates. While clinical studies showed that median PFS was 17.2 months with elranatamab-bcmm and 11.3 months with teclistamab-cqyv, economic impact data associated with these treatments are absent. A cost-of-care analysis was conducted to estimate the cost of treating patients with elranatamab-bcmm vs teclistamab-cqyv over a 12-month period

## Conclusions



This analysis estimated a lower total cost of care and cost per median month of PFS with elranatamab-bcmm compared with teclistamab-cqyv. It suggests that elranatamab-bcmm may be an important treatment option for patients with RRMM in the US. Updated evaluations, including adjustments for differences in patient characteristics, are needed to further support cost-reducing strategies



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**Acknowledgments:** This study was sponsored by Pfizer. Editorial support was provided by Kerry Garza, PhD, of Nucleus Global and funded by Pfizer.

**Disclosures:** BS has participated on advisory boards for Pfizer. YL and YH have received research funding from Pfizer. RS, AS, DH, JH, and PH are employed by and hold stock options for Pfizer.

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## Background

- MM is an incurable hematologic malignancy.<sup>1</sup> It is the second most common hematologic malignancy and the 14th most common cancer in the US,<sup>2</sup> accounting for an estimated 1.8% of all new cancer cases (35,730) and 2.1% of cancer deaths (12,590) in the US in 2023<sup>3</sup>
- Most patients with MM eventually experience relapse and/or refractory disease (ie, RRMM).<sup>2,3</sup> The survival of the RRMM population decreases with increasing lines of therapy<sup>4</sup>
- Elranatamab-bcmm<sup>5</sup> and teclistamab-cqyv<sup>6</sup> are B-cell maturation antigen (BCMA)-directed bispecific antibodies approved by the US Food and Drug Administration (FDA) for the treatment of adult patients with RRMM who have received ≥4 prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody (ie, triple-class exposed patients with MM [TCEMM]). Proven clinical efficacy of elranatamab-bcmm and teclistamab-cqyv has been demonstrated in the MagnetisMM-3<sup>7</sup> and MajesTEC-1 trials,<sup>8,9</sup> respectively
- No previous study has compared the economic impact associated with elranatamab-bcmm vs that of teclistamab-cqyv. The current analysis compared the cost of care of treating TCEMM with elranatamab-bcmm vs teclistamab-cqyv

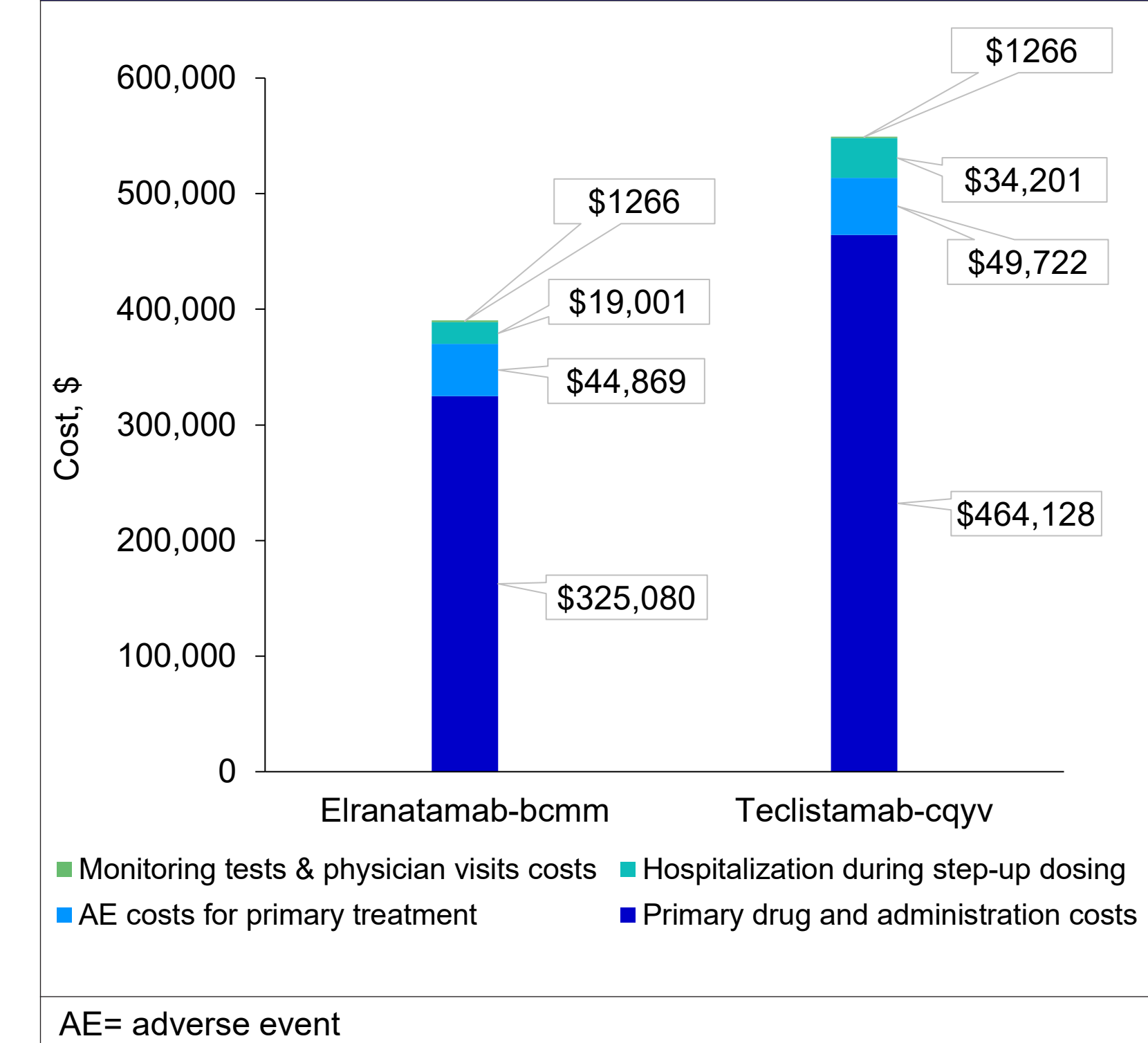
## Methods

- A cost-of-care analysis was conducted to compare the total cost of care and the cost per median month of progression-free survival (PFS) for elranatamab-bcmm and teclistamab-cqyv over a 12-month period
- Efficacy and safety inputs were based on clinical data from MagnetisMM-3 (Cohort A)<sup>7</sup> and MajesTEC-1.<sup>8,9</sup> Mean PFS and overall survival (OS) were estimated based on Weibull curves fitted to the reported Kaplan-Meier curves
- Mean treatment duration (TD) was estimated based on the reported median TD from the 2 clinical trials,<sup>7,8</sup> assuming exponential distribution
- Cost inputs were obtained from the US prescribing information,<sup>5,6</sup> US government databases,<sup>10,11</sup> and published literature. Drug costs in the analysis were adjusted for relative dose intensity (RDI%) and switching to biweekly dosing.<sup>5,9,12</sup> Disease management costs included hospitalization during step-up dosing, physician visits, and monitoring tests (biochemistry and complete blood count). Grade 3/4 adverse events (AEs) and all-grade cytokine release syndrome and immune effector cell-associated neurotoxicity syndrome (ICANS) were considered
- The outcomes included total cost of care calculated based on the estimated mean OS, PFS, and TD, cost per patient per month (PPPM) and cost per median month of PFS (ie, the total cost divided by the median PFS for each treatment as reported in the trial [elranatamab-bcmm, 17.2 months<sup>7</sup>; teclistamab-cqyv, 11.3 months<sup>9</sup>])
- Sensitivity analyses were conducted based on median estimates: OS (21.9 months for both), PFS (17.2 vs 11.3 months) and TD (5.6 vs 8.5 months) as reported in the clinical trials for elranatamab-bcmm<sup>7</sup> and teclistamab-cqyv,<sup>8,9</sup> respectively

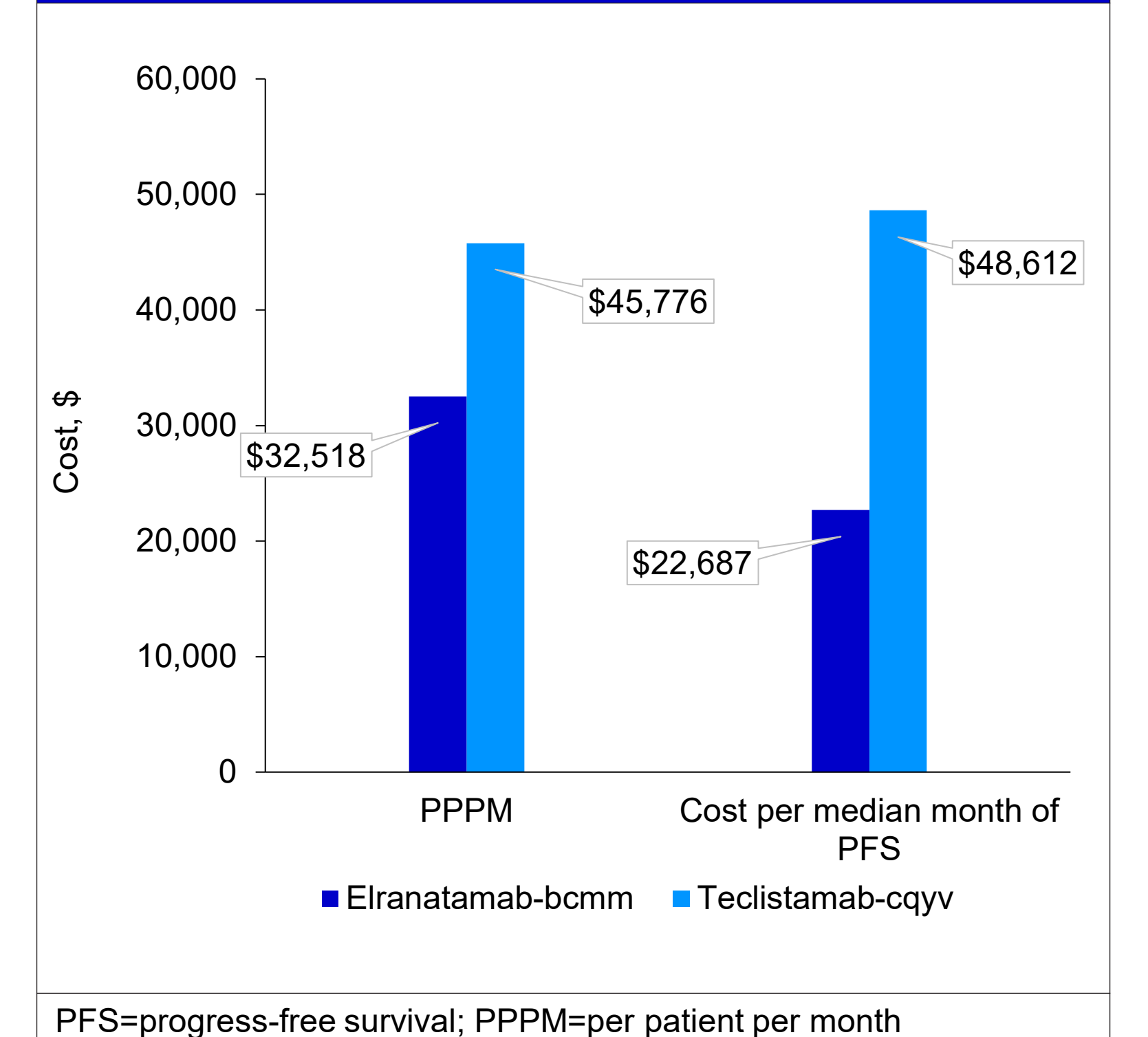
## Results

- Over a 12-month period, elranatamab-bcmm showed lower total and PPPM costs (\$390,216 and \$32,518) compared with teclistamab-cqyv (\$549,317 and \$45,776) (**Table 1 and Figure 1**). Cost per median month of PFS was also lower for elranatamab-bcmm (\$22,687) than for teclistamab-cqyv (\$48,612) (**Table 1 and Figure 2**)
- Primary drug and administration costs accounted for the majority of the total costs, followed by AE costs and hospitalization costs during step-up dosing
- Primary drug cost (including drug acquisition and administration costs) were lower with elranatamab-bcmm and can be explained by no drug wastage for treatment dose, biweekly dosing after week 24,<sup>5</sup> shorter estimated mean TD (elranatamab-bcmm 8.01 vs teclistamab-cqyv 12.26 months), and lower RDI% (elranatamab-bcmm 85.5%<sup>13</sup> vs teclistamab-cqyv 93.7%<sup>8</sup>). Switching to biweekly dosing was allowed in teclistamab-cqyv patients.<sup>9</sup> However, median time to switching was 12.7 months (phase 2)<sup>14</sup>; therefore, no cost reductions were generated within the 12-month period assessment
- Lower hospitalization cost of elranatamab-bcmm vs teclistamab-cqyv during step-up dosing (\$19,001 vs \$34,201) was explained by fewer hospitalization days (5 vs 9, assumed based on the FDA labels<sup>5,6</sup>) during step-up dosing
- Costs of AEs and monitoring were similar between the regimens (\$44,869 vs \$49,722; \$1266 for both regimens)

**Figure 1. Cost of care by cost category over 12 months**



**Figure 2. Cost per median month of PFS and PPPM over 12 months**



**Table 1. Cost-of-care results of elranatamab-bcmm and teclistamab-cqyv over 12 months**

Costs, \$	Elranatamab-bcmm	Teclistamab-cqyv
Primary drug and administration costs	325,080	464,128
AE costs for primary treatment	44,869	49,722
Hospitalization during step-up dosing costs	19,001	34,201
Monitoring tests and physician visits costs	1266	1266
Subsequent treatment and administration costs	0	0
<b>Total costs</b>	<b>390,216</b>	<b>549,317</b>
<b>PPPM costs</b>	<b>32,518</b>	<b>45,776</b>
<b>Total cost per median month of PFS<sup>a</sup></b>	<b>22,687</b>	<b>48,612</b>

<sup>a</sup> This is the total cost divided by the median PFS. Median PFS (17.2 vs 11.3) was sourced from clinical trials.<sup>7,9</sup> Total cost of care was calculated based on estimated mean OS, PFS, and TD. AE=adverse event; OS=overall survival; PFS=progression-free survival; PPPM=per patient per month; TD=treatment duration.

**Table 2. Sensitivity analysis: cost-of-care results based on median OS, PFS, and TD over 12 months**

Costs, \$	Elranatamab-bcmm	Teclistamab-cqyv
Primary drug and administration costs	264,946	329,762
AE costs for primary treatment	44,869	49,722
Hospitalization during step-up dosing costs	19,001	34,201
Monitoring tests and physician visits costs	1266	1266
Subsequent treatment and administration costs	0	12,088
<b>Total costs</b>	<b>330,082</b>	<b>427,039</b>
<b>PPPM costs</b>	<b>27,507</b>	<b>35,587</b>
<b>Total cost per median month of PFS<sup>a</sup></b>	<b>19,191</b>	<b>37,791</b>

<sup>a</sup> This is the total cost divided by the median PFS. Median PFS (17.2 vs 11.3) was sourced from clinical trials.<sup>7,9</sup> In this sensitivity analysis, the total cost of care was calculated based on median OS, PFS, and TD. AE=adverse event; OS=overall survival; PFS=progression-free survival; PPPM=per patient per month; TD=treatment duration.