

Treatment Cost in Patients with Relapsed Refractory Multiple Myeloma in Japan

Hitesh Bhandari,¹ Sandeep Tripathi,¹ Michael LoPresti,² Sandip Ranjan¹

¹SmartAnalyst India Pvt. Ltd, Gurugram, India, ²INTAGE Healthcare Inc., Tokyo, Japan

BACKGROUND

- Multiple myeloma (MM) is a malignant B-cell neoplasm accounting for 15% of all blood cancers and 0.8% of all new cancer cases in Japan.^{1,2} Annual incidence and 5-year prevalence rates of MM were reported as 1.3 to 5.4 and 9.7 per 100,000 persons, respectively.³
- Approval of new treatment regimens over the past two decades have improved the overall survival from a median of 39 months in 1900-2000 to 61 months in 2001-2012.⁴
- While recent advancements in medical oncology have led to the development of multiple agents which has improved the survival outcomes, MM still remains an incurable disease and almost all MM patients experience periods of disease relapse despite treatment.⁵
- Treatment guidelines for patients with relapsed or refractory multiple myeloma (RRMM) offer many therapeutic options mostly as combination therapies of the various novel agents.⁶ Given that most of the regimens recommended for RRMM are administered until progression, there is a concern that these may lead to an increase in cost of treatment especially the drug costs.
- The aim of this study was to compare drug treatment costs and drug cost per progression-free life year (PFLY) for the key regimens recommended for RRMM in Japan.

METHODS

List of regimens included in analysis

- The regimens included in the analysis were based on RRMM treatment guidelines in Japan. These included doublet and triplet regimens containing the following agents: bortezomib (Bort), lenalidomide (Len), ixazomib (Ixa), panobinostat (Pano), carfilzomib (Carf), pomalidomide (Pom), elotuzumab (Elo), daratumumab (Dara), cyclophosphamide (Cyclo) and dexamethasone (Dex).⁶
- The regimens included in the analysis were Bortezomib ± Dexamethasone (BortDex), Dexamethasone + Ixazomib + Lenalidomide (IxaLenDex), Elotuzumab + Lenalidomide + Dexamethasone (EloLenDex), Daratumumab + Lenalidomide + Dexamethasone (DaraLenDex), Bortezomib + Cyclophosphamide + Dexamethasone (BortCycloDex), Lenalidomide + Dexamethasone (LenDex), Panobinostat + Bortezomib + Dexamethasone (PanBortDex), Daratumumab + Bortezomib + Dexamethasone (DaraBortDex), Carfilzomib + Dexamethasone (CarfDex), Carfilzomib + Lenalidomide + Dexamethasone (CarfLenDex) and Pomalidomide + Dexamethasone (PomDex).

Dosing, duration of treatment and progression-free survival

- For all regimens, the dosage and dosing schedule have been sourced from respective registrational trial or relevant treatment protocols. Body surface area and weight were assumed to be 1.7 m² and 60 kg, respectively.
- Duration of treatment (DOT) and progression-free survival(PFS) data were obtained from the respective studies of the regimens.

Table 1: Dosing, duration of treatment and progression-free survival for regimens included in the analysis

Regimen	Dosing	DOT (months)	PFS (months)	Trial/Source
BortDex	Bort: 1.3 mg/m ² IV/SQ; Days 1, 4, 8, and 11 in cycles 1-8; Days 1 and 8 for cycle 9 onwards; Dex: 20 mg PO; Days 1, 2, 4, 5, 8, 9, 11 and 12 in cycle 1-8; Days 1, 2, 8, 9, 22, 23, 29 and 30 in cycle 9 onwards; 21-day cycle	4.1	6.2	APEX ⁷
LenDex	Len: 25 mg PO on days 1-21; Dex: 40 mg PO on days 1-4, 9-12 and 17-20 for cycles 1-4 and on days 1-4 for cycle 5+; 28-day cycle	10.3	11.0	MM-009/010 ^{8,9}
PomDex	Pom: 4mg PO on days 1-21; Dex: 40mg (<75years) or 20mg (>=75 yrs) PO on days 1,8,15,22; 28-day cycle	3.6	4.0	MM-003 ¹⁰
CarfDex	Carf: 20 mg/m ² IV on days 1-2 and 56 mg/m ² IV on days 8, 9, 15, 16, 22 and 23 in cycle1; 56 mg/m ² IV on days 1, 2, 8, 9, 15, 16, 22 and 23 in cycle 2 onwards; Dex: 20 mg on days 1, 2, 8, 9, 15, 16, 22 and 23; 28-day cycle.	9.3	18.7	ENDEAVOR ¹¹
BortCycloDex	Bort: 1.3mg/m ² IV/SQ on days 1, 4, 8, 11; Cyclo: 150 mg/m ² PO on days 1-4; Dex: 20 mg/m ² PO on days 1, 4, 8, 11; 21 day cycle	4.2	13.6	Ahn J 2012 ¹²
PanBortDex	Pan: 20mg PO on days 1, 3, 5, 8, 10, 12 for 16 cycles; Bort: 1.3mg/m ² IV/SQ on days 1,4,8,11 in cycles 1-8 and on days 1, 8 in cycles 9-16; Dex: 20mg PO on days 1,2,4,5,8,9,11,12 in cycles 1-8 and on days 1,2,8,9 in cycles 9-16; 21 day cycle	5.0	12.0	PANORAMA-1 ¹³
IxaLenDex	Ixa: 4 mg PO on days 1, 8, and 15; Len: 25 mg PO on days 1-21; Dex: 40mg PO on days 1, 8, 15 and 22; 28 day cycle	15.9	20.6	TOURMALINE-MM1 ¹⁴
CarfLenDex	Len: 25 mg PO on days 1-21; Carf: 20 mg/m ² IV days 1-2 and 27 mg/m ² IV on days 8, 9, 15, 16 in cycle1; 27 mg/m ² IV on days 1, 2, 8, 9, 15, 16 in cycles 2-12; 27mg/m ² IV on days 1,2,15,16 in cycles 13-18; Dex: 40mg PO on days 1, 8, 15 and 22; 28 day cycle	20.5	26.3	ASPIRE ¹⁵
DaraBortDex	Dara: 16 mg/kg IV once a week for weeks 1-9; once every three weeks for weeks 10-24; once every four weeks for week 25+; Bort: 1.3mg/m ² IV/SQ on days 1, 4, 8, 11 for 8 cycles of 21-day each; Dex: 20mg PO on days 1-2, 4-5, 8-9, 11-12 for 8 cycles of 21-day each	13.4	16.7	CASTOR ¹⁶
EloLenDex	Elo: 10 mg/kg IV on days 1, 8, 15, and 22 in cycles 1-2 and on days 1, 15 in cycle 3+; Len: 25 mg PO on days 1-21; Dex: on days 1, 8, 15, 22 - 28mg PO + 8mg IV on days coinciding with elo dose and 40 mg PO on days without elo dose; 28 day cycle	17.7	19.4	ELOQUENT-2 ¹⁷
DaraLenDex	Dara: 16 mg/kg IV once a week for weeks 1-8; once every two weeks for weeks 9-24; once every four weeks for week 25+; Len: 25 mg PO on days 1-21; Dex: 20 or 40mg PO on days 1, 8, 15, and 22; 28 days cycle	34.3	45.8	POLLUX ¹⁸

IV, Intravenous; PO, oral; SQ, subcutaneous; yrs, years

Unit Costs

- Drug acquisition costs were based on reimbursement costs per unit in FY2019 as obtained from INTAGE Healthcare internal database DI Track[®].¹⁹
- Unit costs for drug administration have been obtained from the national reimbursement tariff list in FY2019 provided by Ministry of Health, Labor and Welfare.
 - For IV drugs, in addition to dispensing and administration fees, facility charges of ¥6,000 per administration were applied.
 - For oral agents, a dispensing and prescription fee was applied.

Cost analysis

- Using the dosing information and unit costs, cost per dose were obtained for each agent. Month-on-month costs were estimated for each regimen based on the dosing schedule and cost per dose.
- Costs were cumulated over DOT to estimate per-patient total drug treatment cost which was then divided by PFS duration to estimate drug cost per PFLY for each regimen.

Table 2: Unit costs for drugs

Generic name	Brand name	Formulation	Reimbursement level per unit (JPY)
Bortezomib	Velcade	Injection	3mg: ¥139,827.0
Carfilzomib	Kyprolis	IV infusion	10mg: ¥24,426.0; 40mg: ¥87,852.0
Cyclophosphamide	Endoxan	Tablet	50mg: ¥30.3
	Endoxan	Powder	100mg: ¥160.3
Daratumumab	Darzalex	IV infusion	100mg: ¥52,262.0; 400mg: ¥187,970.0
Dexamethasone	LenaDex	Tablet	4mg: ¥172.5
	Dexart	Injection	1.65mg: ¥57.0; 3.3mg: ¥88.0; 6.6mg: ¥158.0
Elotuzumab	Empliciti	IV infusion	300mg: ¥163,672; 400mg: ¥213,468.0
Ixazomib	Ninlaro	Capsule	4mg: ¥163,865.4
Lenalidomide	Revlimid	Capsule	5mg: ¥9,512.1
Panobinostat	Farydak	Capsule	10mg: ¥37,261.4
Pomalidomide	Pomalyst	Capsule	4mg: ¥61,669.3

RESULTS

- PFS varied from 4 months for PomDex to 46 months for DaraLenDex (**Table 1**).
- Total drug cost, including drug acquisition costs and administration costs, for one line of treatment with the various regimens showed a wide variation. It ranged from ¥3.6M for BortDex to ¥60.2M for DaraLenDex (**Table 3, Figure 1**). Total drug costs were
 - below ¥10M for BortDex, PomDex, BortCycloDex, and PanBortDex.
 - between ¥10M - ¥20M for CarfDex, LenDex and DaraBortDex.
 - greater than ¥20M for IxaLenDex, CarfLenDex, EloLenDex and DaraLenDex.
- Drug cost per PFLY ranged from ¥3.3M for BortCycloDex to ¥20.5M for EloLenDex (**Figure 2**).

Table 3: Total drug costs for various RRMM regimens

	Bort Dex	Len Dex	Pom Dex	Carf Dex	BortCyclo Dex	PanBort Dex	IxaLen Dex	CarfLen Dex	DaraBort Dex	EloLen Dex	DaraLen Dex
Total costs, JPY (M)	¥3.6	¥11.2	¥4.1	¥15.1	¥3.8	¥7.6	¥25.2	¥34.3	¥15.7	¥33.2	¥60.2

Figure 1: Total treatment costs and PFS for various RRMM regimens

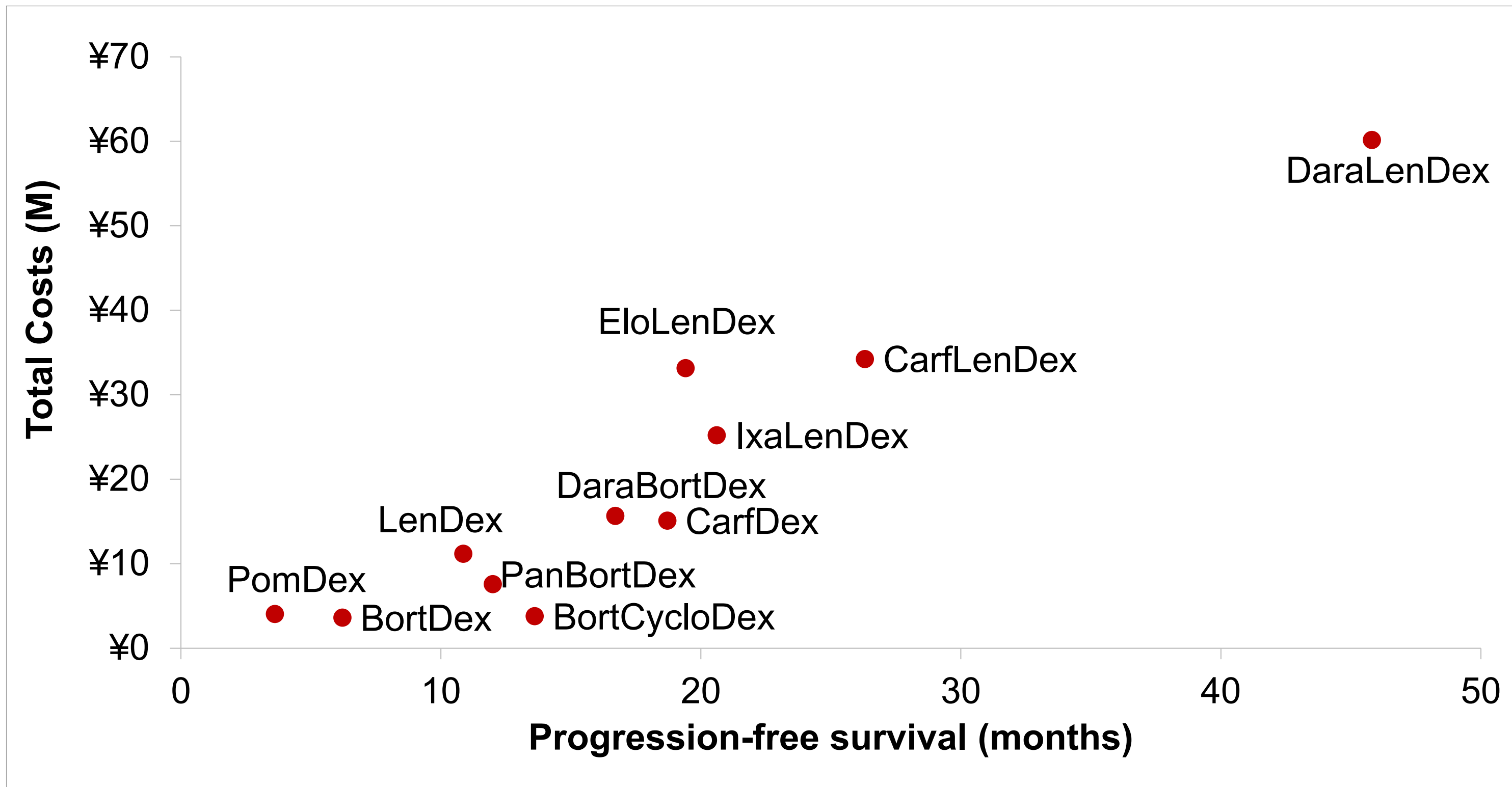
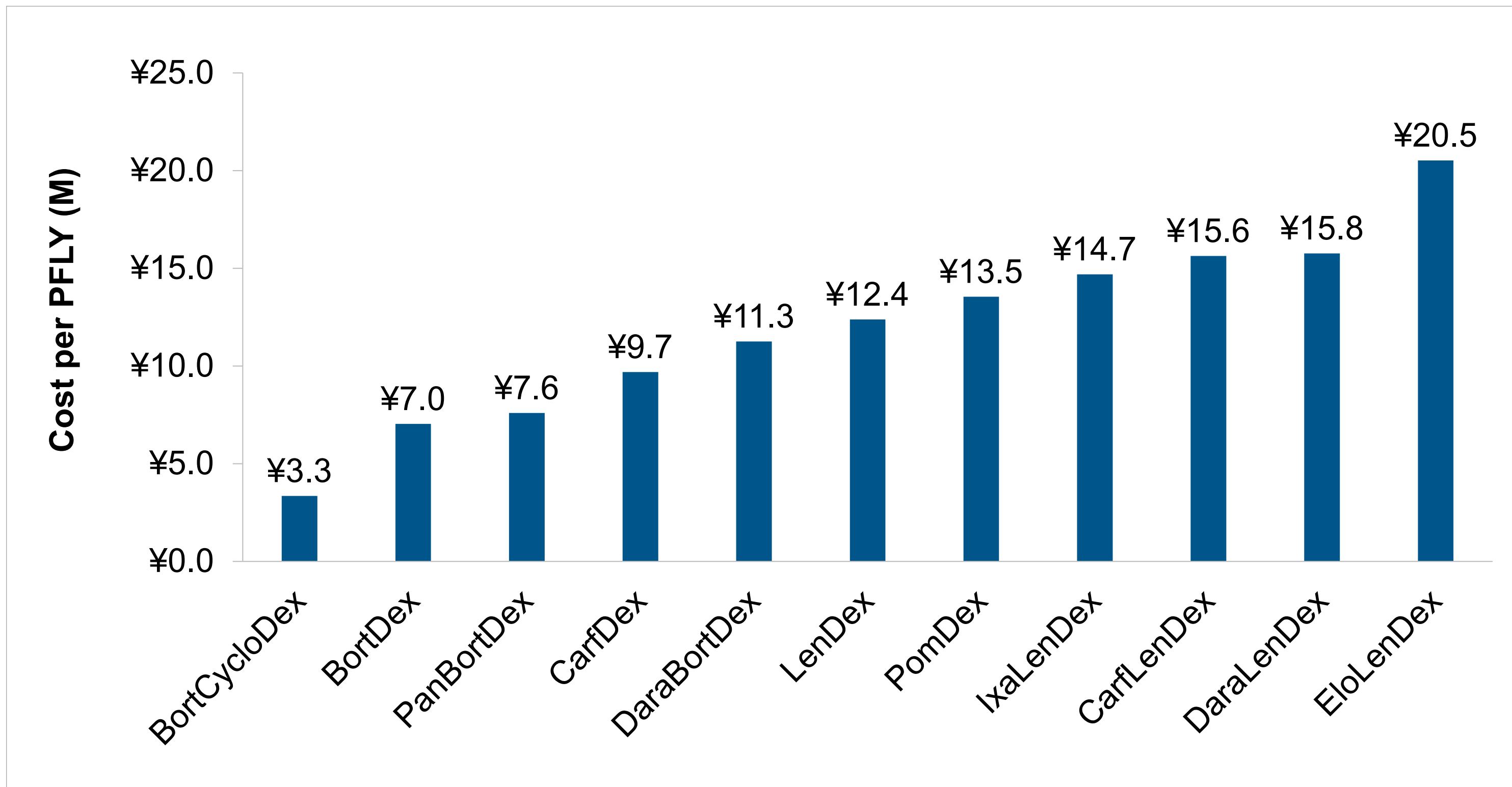


Figure 2: Total treatment costs per PFLY for various RRMM regimens



- Drug costs for triplet regimens were substantially higher than the doublet regimens.
 - Triplet regimens with LenDex as the backbone treatment had higher costs compared to those with BortDex as the backbone therapy owing to fact that lenalidomide is administered till disease progression whereas bortezomib is administered only for a fixed duration.

CONCLUSION

- RRMM drug treatment cost in Japan varies significantly depending upon the regimen being prescribed.
- While the newer treatment options have improved PFS for RRMM patients, they have also resulted in substantial increase in drug costs.
- Further analysis should be conducted to explore the overall costs of treatment by including other medical costs such as monitoring, diagnostic tests, adverse event management costs etc, in the analysis.

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