Real-World Healthcare Resource Utilization and Costs Associated With Elranatamab Initiation in Multiple Myeloma: The ALTITUDE-1 Study

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Objectives

To determine the changes in healthcare resource utilization (HCRU) and costs of patients with RRMM who initiate elranatamab

Conclusions

- Among the elranatamab-treated patient population with RRMM included in the index period:
  - Nearly half of the patients were penta-drug exposed
  - History of infection and peripheral neuropathy was common
- In patients with RRMM, HCRU and costs per-patient-per-month (PPPM) evolved after initiating elranatamab
  - All-cause inpatient visits increased while all-cause outpatient visits decreased
  - All-cause outpatient costs remained stable while inpatient and pharmacy costs decreased
  - Overall, all-cause medical and pharmacy costs remained stable
- Results presented here reflect preliminary data of patients receiving elranatamab, which may change with longer follow-up

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References: 1. Elrexfio (elranatamab-bcmm). Prescribing information. Pfizer; 2023. **2.** Costa LJ, et al. Blood 2024;144:2401-2402.

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Background

- Elranatamab-bcmm is a bispecific antibody approved in the US for the treatment of adult patients with relapsed/refractory multiple myeloma (RRMM) who have been treated with ≥1 proteasome inhibitor, ≥1 immunomodulatory agent, and ≥1 anti-CD38 monoclonal antibody[1]
- Prior studies have shown that elranatamab is associated with improved clinical outcomes compared with standard regimens in real-world practice[2] but its impact on HCRU and costs are unclear

Methods

- ALTITUDE-1 (EUPAS1000000229) is an ongoing, non-interventional database study on RW treatment patterns, HCRU, and costs (among other outcomes) of patients with RRMM treated with elranatamab
  - The study analyzed de-identified data from the Komodo US claims dataset
  - The study cohort included patients with RRMM who initiated elranatamab between August 14, 2023 (US approval date) and November 26, 2024
  - The index date was the date of the first prescription or medical claim for elranatamab
  - Patients were required to be ≥18 years on the index date with ≥180 days of continuous closed-claims medical and pharmacy enrollment prior to index, with no prior anti-BCMA directed BsAbs treatment
- This interim analysis reported the changes in HCRU and costs from pre-index (180 days prior) to post-index (while treated with elranatamab) on a per-patient-per-month (PPPM) basis (ie, HCRU and costs were rescaled to reflect a monthly average for each patient)
- Results were reported descriptively with a focus on median values

Results

PATIENTS AND TREATMENT

- As of November 26, 2024, 59 patients treated with elranatamab were included in the study (**Table 1**)
  - Almost half (45.8%) were penta-drug exposed and 25.4% had received prior commercial BCMA-directed therapy (chimeric antigen receptor T cell and/or antibody drug conjugate therapies)
  - Common (≥25%) relevant disease history included infection (91.5%), hypertension (91.5%), and peripheral neuropathy (81.4%)
  - Common (≥25%) comorbidities included renal disease (30.5%), congestive heart failure (27.1%), and metastatic solid tumor (25.4%)
- Median follow up was 4.7 months (IQR 2.5-7.0)

Table 1. Baseline and treatment characteristics

	N=59
Age, mean (SD), years	70.5 (10.4)
Sex, n (%)	
Female, n (%)	28 (47.5)
Male, n (%)	26 (44.1)
Unknown/Missing, n (%)	5 (8.5)
Race, n (%)	
African American	14 (23.7)
Asian/Pacific Islander	1 (1.7)
Caucasian	32 (54.2)
Hispanic/Latino	5 (8.5)
Other	3 (5.1)
Unknown/Missing	4 (6.8)
Region on index date[a], n (%)	
South	23 (39.0)
Northeast	19 (32.2)
West	11 (18.6)
Midwest	6 (10.2)
Time from initial MM diagnosis to index date, median (IQR), months	77.5 (50.2-97.1)
Prior treatment history[b], n (%)	
Penta-drug exposed[c]	27 (45.8)
BCMA-directed therapy	15 (25.4)
CAR-T	9 (15.3)
Talquetamab	2 (3.4)
Relevant disease history[b], n (%)	
Any infection	54 (91.5)
Hypertension	54 (91.5)
Peripheral neuropathy	48 (81.4)
Neutropenia	40 (67.8)
Use of IV anti-infective[d]	38 (64.4)
Hypercalcemia	20 (33.9)
Amyloidosis	9 (15.3)
Extramedullary disease	9 (15.3)
CCI score[e], mean (SD)	3.2 (3.1)
Categorical CCI score[e], n (%)	
0 (no comorbidities)	15 (25.4)
1 to 2 (mild)	16 (27.1)
3 to 4 (moderate)	10 (16.9)
≥5 (severe)	18 (30.5)
CCI comorbidities (≥5%)[e], n (%)	
Renal disease	18 (30.5)
Congestive heart failure	16 (27.1)
Metastatic solid tumor	15 (25.4)
Diabetes	14 (23.7)
Chronic pulmonary disease	12 (20.3)
Cerebrovascular disease	9 (15.3)
Perivascular disease	8 (13.6)
Myocardial infarction	3 (5.1)

BCMA, B cell maturation agent; CAR-T, chimeric antigen receptor T cell therapy; CCI, Charlson Comorbidity Index; IQR, interquartile range
[a]Assessed from any time prior to index date to index date; [b]Assessed from the initial MM diagnosis date to one day prior to index date; [c]Exposed to 2 unique proteasome inhibitors, 2 unique immunomodulatory agents, and CD38 monoclonal antibodies; [d]Assessed from 14 days prior to index date to index date; [e]Assessed from 180 days prior to index date to index date

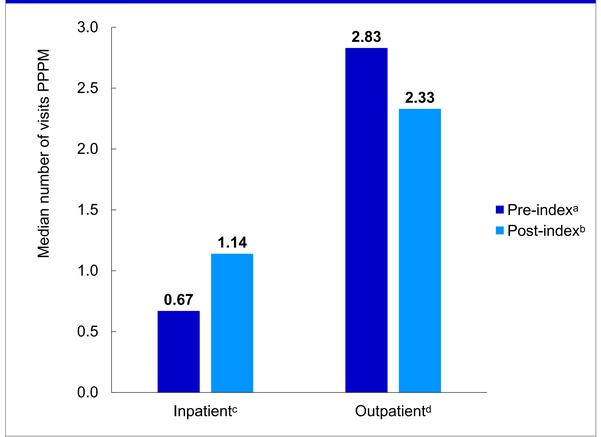
HEALTHCARE RESOURCE UTILIZATION

- The median number of all-cause inpatient visits increased from pre-index (0.67 PPPM; IQR 0.25-1.75) to post-index (1.14 PPPM; IQR 0.28-3.46) (**Figure 1**)
  - The number of patients with an inpatient visit was 39 (66.1%) pre-index and 34 (57.6%) post-index
- All-cause outpatient visits decreased from pre-index (2.83 PPPM; IQR 1.83-4.00) to post-index (2.33 PPPM; IQR 1.67-3.96)
  - The number of patients with an outpatient visit was 59 (100%) pre-index and 57 (96.6%) post-index
- The median number of all-cause emergency room visits were 0 PPPM [IQR 0.00-0.00] pre- and post-index
  - The number of patients with an emergency room visit was 12 (20.3%) pre-index and 8 (13.6%) post-index

ALL-CAUSE PATIENT COSTS

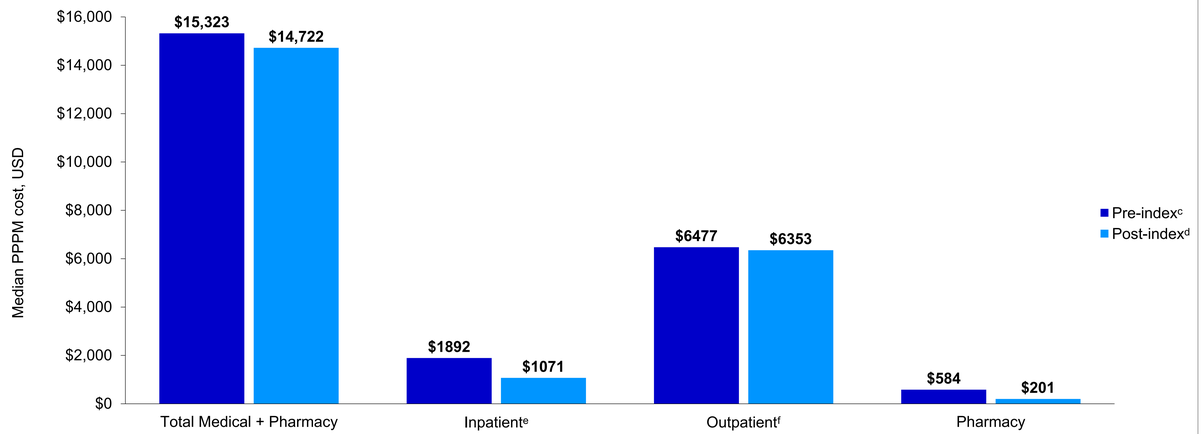
- Total median all-cause medical and pharmacy costs remained stable from pre-index ($15,323 PPPM; IQR $5800-$33,846) to post-index ($14,722; IQR $5658-$40,242) (**Figure 2**)
  - Median all-cause inpatient costs numerically decreased from $1892 PPPM (IQR $28-$4395) pre-index to $1071 PPPM (IQR $32-$5429) post-index
  - Median all-cause outpatient costs also remained stable at $6477 PPPM (IQR $2770-$16,064) pre-index and $6353 PPPM (IQR $1,505-$27,599) post-index
  - Median all-cause pharmacy costs also decreased from $584 (IQR $89-$7767) pre-index to $201 (IQR $43-$607) post-index
  - Median all-cause emergency department costs were $0 pre- and post-index

Figure 1. Median all-cause inpatient and outpatient visits pre- and post-index date among patients receiving elranatamab



PPPM, per-patient-per-month.
[a]180 days prior to index date to index date; [b]Index date to last administration of index treatment; [c]Any observations in the inpatient table or observations in the non-inpatient table with an inpatient place of service; [d]Any observation in the non-inpatient table with an outpatient place of service

Figure 2. Median all-cause patient costs (PPPM) pre- and post-index date among patients receiving elranatamab[a,b]



PPPM, per-patient-per-month.
[a]Elranatamab drug costs are included either within inpatient or outpatient costs; [b] Due to few patients and short follow-up, median instead of mean costs are presented. Therefore, the sum of the median PPM costs for individual categories do not equal the total; [c]180 days prior to index date to index date; [d]Index date to last administration of index treatment; [e]Any observations in the inpatient table or observations in the non-inpatient table with an inpatient place of service; [f]Any observation in the non-inpatient table with an outpatient place of service