

Bridging the Policy Gap in Multiple Myeloma Treatment:
A Case Study Using a Horizon Scanning of Treatment Options
for Transplant-Ineligible Patients in Thailand

Penpicha Sukseerakij¹, Trai Tharnpanich², Parnaphat Luksameesate¹, Suthira Taychakhoonavudh¹, Chanthawat Patikorn¹

¹Department of Social and Administrative Pharmacy, Chulalongkorn University, Bangkok, Thailand

²Department of Pharmacy Practice, Chulalongkorn University, Bangkok, Thailand

Presenting author: Penpicha Sukseerakij, Email: penpicha.suks@gmail.com
Corresponding author: Chanthawat Patikorn, Email: Chanthawat.p@chula.ac.th

Introduction

- Bortezomib has been included in the Thai NLEM since 2023 for transplant-eligible patients with multiple myeloma.
- However, **bortezomib-based regimens remain unavailable under the NLEM for transplant-ineligible NDMM patients**, despite guideline recommendations.
- This creates a **policy gap between recommended treatment and access in Thailand**.

Objective

To identify clinically relevant treatment options and define a **policy-relevant scope for economic evaluation** in transplant-ineligible NDMM patients in Thailand.

Methods

Horizon scanning and stakeholder engagement were conducted to define the policy-relevant scope of the economic evaluation.



1. HORIZON SCANNING

Clinical practice guidelines, published clinical and economic literature, and Thai policy and reimbursement information were reviewed to identify relevant treatment options and evidence on effectiveness, safety, health-related quality of life, and costs for transplant-ineligible NDMM patients.



2. STAKEHOLDER MEETING

A consultation meeting with clinicians, policy stakeholders, and researchers was conducted to discuss key policy questions and refine the proposed target population, treatment options, primary comparator, outcomes, and analytical approach.



3. EVIDENCE-STAKEHOLDER MAPPING

Evidence identified through horizon scanning was mapped against stakeholder opinions and policy priorities. Stakeholder feedback was used to refine the proposed study scope and identify evidence requirements for subsequent health economic modeling

Results

POLICY GAP AND RATIONALE

- Stakeholders identified a **gap between guideline-recommended first-line treatments and reimbursement access** for transplant-ineligible patients with newly diagnosed multiple myeloma in Thailand.
- Although the initial policy question focused on **bortezomib**, horizon scanning identified several clinically relevant regimens with differences in **clinical effectiveness, safety, treatment administration, costs, and feasibility** within the Thai health system.
- The assessment scope was therefore **broadened beyond bortezomib alone** to reflect the wider treatment landscape relevant to reimbursement decision-making in Thailand.

TREATMENT OPTIONS IDENTIFIED

Bortezomib-Based Regimens
(8 Regimens)



D-VRd , VRd, VCd, Vd, VRd-lite, D-VCd, D-VMP, VMP

Non-Bortezomib-Based Regimens
(8 Regimens)



D-Rd, KRd, Rd, Rd18, KCd, Ixa-Rd, RCd, MPT

NLEM Regimens
(2 Regimens)



Cd, MP

POLICY-RELEVANT PICO AND ECONOMIC EVALUATION SCOPE FOR THAILAND

Population	Transplant-ineligible patients with newly diagnosed multiple myeloma in Thailand
Interventions	16 treatment regimens, comprising 8 bortezomib-based regimens, 7 additional guideline-recommended regimens, and Cd
Comparator	MP, selected as the primary comparator because it is more commonly used than Cd and is included in the Thai NLEM
Outcomes	Progression-free survival, overall survival, adverse events, health-related quality of life, and costs
Perspective	Societal perspective
Time horizon	Lifetime
Model type	Partition Survival Model (PSM)

MP was selected as the primary comparator because it is more commonly used than Cd and is included in the Thai NLEM.

Conclusions

- Horizon scanning and stakeholder engagement** helped identify clinically relevant treatment options and define the scope of a **policy-relevant economic evaluation** for transplant-ineligible NDMM patients in Thailand.
- Broadening the assessment **beyond bortezomib alone** enabled consideration of the wider treatment landscape and may support **more comprehensive reimbursement decision-making** in the Thai health system.
- The defined scope provides a **structured basis for subsequent health economic modeling**, including comparisons of long-term clinical outcomes, quality of life, and costs across relevant treatment regimens.

Treatment regimens:

D = daratumumab; V = bortezomib; R = lenalidomide; C = cyclophosphamide; K = carfilzomib; Ixa = ixazomib; M = melphalan; P = prednisolone; d = dexamethasone; VRd-lite = modified bortezomib–lenalidomide–dexamethasone; Rd18 = lenalidomide–dexamethasone administered for 18 cycles.

Clinical and economic terms:

NDMM = newly diagnosed multiple myeloma; NLEM = National List of Essential Medicines; AE = adverse event; HRQoL = health-related quality of life; EE = economic evaluation.

References

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