

Budget impact analysis of fixed-duration ibrutinib+venetoclax as frontline treatment of chronic lymphocytic leukemia in the Brazilian private healthcare system

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INTRODUCTION

Ibrutinib+venetoclax (I+V) is a new fixed-duration combination, 100% oral, for the treatment of chronic lymphocytic leukemia (CLL)¹.

OBJECTIVE

The goal of this study is to estimate the budget impact of I+V as frontline treatment for CLL patients in the perspective of the Brazilian private healthcare system.

METHOD

A budget impact analysis (BIA) was developed to evaluate the financial impact from 2024 to 2028. Eligible population was estimated using official number of health plan users and available local and international epidemiology data. The BIA compared the current treatment scenario, in which patients use target-therapy-based regimens (ibrutinib monotherapy, acalabrutinib monotherapy and venetoclax+obinutuzumab), and a projected scenario with the inclusion of I+V. Only drug acquisition and administration costs were included, obtained from official Brazilian drug price list (CMED²) and D-TISS, respectively. Treatment costs were estimated according to on-label recommendations. Market share estimates were obtained from IQVIA database, and I+V projection was assumed to reach 35% in 5 years.

RESULTS

New eligible patients varied from 523 in 2024 to 555 in 2028.

Table 1: Number of eligible patients for treatment by year

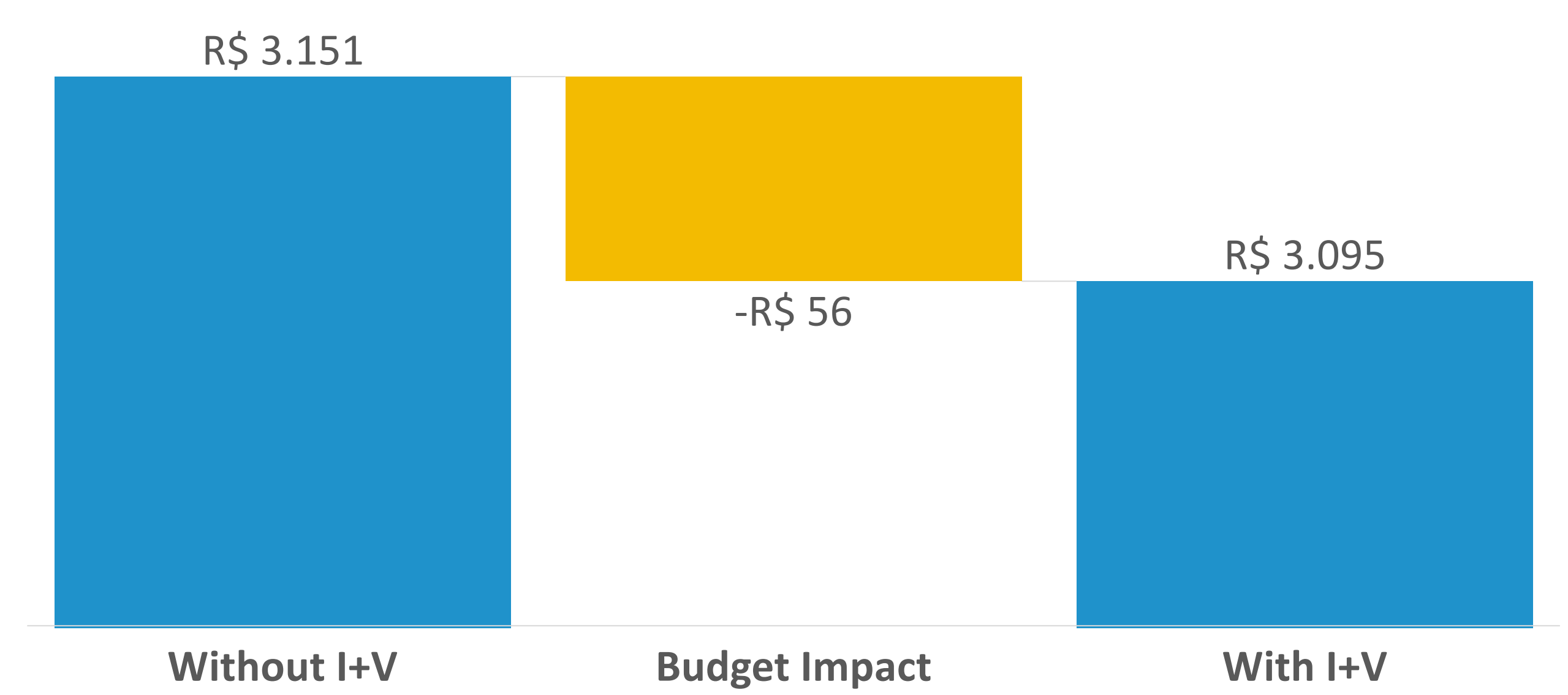
Scenario without ibrutinib + venetoclax					
Tratamento	2024	2025	2026	2027	2028
Ibrutinib	255	514	777	1.044	1.315
Acalabrutinib	97	195	295	396	499
Ibrutinibe + Venetoclax	0	0	0	0	0
Venetoclax + Obinutuzumab	171	344	520	699	881
Total	523	1.053	1.592	2.139	2.695
Scenario with ibrutinib + venetoclax					
Treatment	2024	2025	2026	2027	2028
Ibrutinib	213	399	575	745	910
Acalabrutinib	81	151	218	282	345
Ibrutinib + Venetoclax	78	211	373	551	745
Venetoclax + Obinutuzumab	151	292	427	562	695
Total	523	1.053	1.592	2.139	2.695

Table 2: Market share projection by year

Scenario without ibrutinib + venetoclax					
Treatment	2024	2025	2026	2027	2028
Fixed therapy (ibrutinib + acalabrutinib)	48,8%	48,8%	48,8%	48,8%	48,8%
Ibrutinibe + Venetoclax	0,0%	0,0%	0,0%	0,0%	0,0%
Venetoclax + Obinutuzumabe	32,7%	32,7%	32,7%	32,7%	32,7%
Total	100%	100%	100%	100%	100%
Scenario with ibrutinib + venetoclax					
Treatment	2024	2025	2026	2027	2028
Fixed therapy (ibrutinib + acalabrutinib)	40,7%	35,2%	32,5%	31,1%	29,8%
Ibrutinibe + Venetoclax	15%	25%	30%	32,5%	35%
Venetoclax + Obinutuzumabe	28,9%	26,4%	25,2%	24,6%	23,9%
Total	100%	100%	100%	100%	100%

The analysis estimated that the incremental BI varied from BRL 29.0 million in 2024 to –BRL 91.6 million in 2028, accounting for cumulative savings of BRL 56.4 million in 5 years.

Figure 1: Budget impact in BRL millions by scenario



Sub-analysis by HMO size (large: 500,000 users; medium: 100,000 users; small: 20,000 users) resulted in cumulative savings of BRL 584.6 thousand, BRL 116.9 thousand and BRL 23.4 thousand, respectively.

Table 3: Sub-analysis by HMO size

HMO Size	Number of users	5-years cumulative saving
Large	500.000	BRL 584,6 thousand
Medium	100.000	BRL 116,9 thousand
Small	20.000	BRL 23,4 thousand

CONCLUSION

This study shows that incorporation and increasing use of I+V may result in relevant budget savings to HMOs in the Brazilian private healthcare system, in addition to its clinical benefits to CLL patients as shown in previous clinical studies.

REFERENCES

- Kater AP, et al. Fixed-Duration Ibrutinib-Venetoclax in Patients with Chronic Lymphocytic Leukemia and Comorbidities. NEJM Evidence. 2022;
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