EAG ADDENDUM 1

LIVERPOOL REVIEWS AND IMPLEMENTATION GROUP (LRiG)

Teclistamab for treating relapsed or refractory multiple myeloma after three treatments (Review of TA869) [ID6333]

Addendum to EAG report

This report was commissioned by the NIHR Evidence Synthesis Programme as project number 165522

CONTAINS COMMERCIAL IN CONFIDENCE DATA

Date completed 8 May 2024

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1 INTRODUCTION

To inform the National Institute for Health and Care Excellence Single Technology Appraisal process of the clinical and cost effectiveness of teclistamab for treating relapsed or refractory multiple myeloma after three treatments, the company (Janssen) presented cost effectiveness results generated by a model developed in MS Excel.

Whilst compiling the confidential appendix (post FAC), the EAG identified an error in the company's estimation of teclistamab costs. In the CS, the company stated that [redacted] missed a dose of teclistamab during the loading phase of the MajesTEC-1 trial but during the maintenance phase, [redacted]% of teclistamab doses were skipped. However, in the company model, a skipped dose value of [redacted]% was used (the percentage of all doses [loading and maintenance] that were missed). Instead of [redacted]%, the EAG has used the company's skipped dose value to [redacted]% (CS, p158) and applied this during the maintenance phase only. The EAG had generated corrected deterministic (Table 1) and probabilistic (Table 2) cost effectiveness results for the company base case analysis and the EAG revisions to the company model, the EAG preferred base case and EAG scenarios.

Table 1 EAG corrected deterministic results for teclistamab versus PomDex, PAS price for teclistamab

EAG revisions to company base case	Teclistamab		PomDex		Incremental		ICER	NMB*	NMB change from base case
	Cost	QALYs	Cost	QALYs	Cost	QALYs (x1.2 modifier)	£/QALY (x1.2 modifier)		
A. Company clarification base case	[redacted]								
EAG corrected company clarification base case	[redacted]								
R1) Attenuate PomDex OS and PFS (mid-point)	[redacted]								
R2) Use lognormal for teclistamab TTD and attenuate TTD for teclistamab and PomDex (mid-point)	[redacted]								
R3) Patients treated with teclistamab switch from a Q1W to a Q2W regimen at 12 months; no patients switch earlier than 12 months	[redacted]								
R4) PomDex utility values equal teclistamab utility values	[redacted]								
R5) Remove AE disutilities	[redacted]								
R6) MajesTEC-1 trial proportion of patients treated with teclistamab receiving subsequent treatment	[redacted]								
R7) UK RW TCE RRMM PomDex cohort study proportion of patients receiving subsequent treatment (both model arms)	[redacted]								
B. EAG preferred base case (R1-R7)	[redacted]								
EAG scenarios									
S1) Attenuate teclistamab and PomDex OS and PFS using clinician lower likely values	[redacted]								
S2) Attenuate teclistamab and PomDex OS and PFS using clinician higher likely values	[redacted]								
S3) Attenuate TTD using clinician lower likely values	[redacted]								
S4) Attenuate TTD using clinician higher likely values	[redacted]								
S5) Teclistamab optimistic scenario	[redacted]								
S6) Teclistamab pessimistic scenario	[redacted]								

* Willingness to pay threshold=£30,000/QALY

AE=adverse event; EAG=External Assessment Group; ICER=incremental cost effectiveness ratio; NMB=net monetary benefit; OS=overall survival; PAS=patient access scheme; PFS=progression-free survival; PomDex=pomalidomide plus low-dose dexamethasone; Q1W=every week; Q2W=every 2 weeks; QALY=quality adjusted life year; RW TCE RRMM=real-world triple-class exposed relapsed or refractory multiple myeloma; TTD=time to treatment discontinuation

Table 2 EAG corrected probabilistic cost effectiveness results for teclistamab versus PomDex, PAS price for teclistamab

EAG revisions†	Teclistamab		PomDex		Incremental		ICER	NMB*	NMB change from base case
	Cost	QALYs	Cost	QALYs	Cost	QALYs (x1.2 multiplier)	£/QALY		
A. Company clarification base case	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	
A1. Company clarification base case with PSA corrected†	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
B. EAG preferred base case (R1-R7)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
S5) Teclistamab optimistic scenario	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
S6) Teclistamab pessimistic scenario	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

* Willingness to pay threshold=£30,000/QALY
† The EAG PSA runs exclude variation of unit costs
EAG=External Assessment Group; ICER=incremental cost effectiveness ratio; NMB=net monetary benefit; OS=overall survival; PAS=patient access scheme; PomDex=pomalidomide plus low-dose dexamethasone PSA=probabilistic sensitivity analysis; QALY=quality adjusted life year