

SUMMARY 1(3)

4 May 2023

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RECOMMENDATION ON

POLATUZUMAB VEDOTIN AS PART OF COMBINATION TREATMENT OF DIFFUSE LARGE B-CELL LYMPHOMA

Adopted at COHERE Finland's meeting on 4 May 2023

According to the recommendation, polatuzumab vedotin is not included in the national range of services in the treatment of previously untreated diffuse large B-cell lymphoma (DLBCL).

In COHERE Finland's opinion, the treatment was found to have effect on the progression-free survival (PFS), but the difference compared to the current treatment regimen is clinically negligible. Polatuzumab vedotin therapy has not been proven to increase overall survival.

Polatuzumab vedotin (Polivy) is a CD79b-targeted antibody-drug conjugate. It has previously been granted marketing authorisation for the treatment of adult patients with relapsed or refractory DLBCL in combination with bendamustine and rituximab.

Research evidence on polatuzumab vedotin combined with rituximab, cyclophosphamide, doxorubicin, and prednisone (pola-R-CHP) in the treatment of previously untreated diffuse DLBCL is based on the phase III POLARIX study in which pola-R-CHP was compared with the combination treatment with rituximab, cyclophosphamide, doxorubicin, vincristine and prednisone (R-CHOP). In the study, the risk of disease progression was proven to be lower with the pola-R-CHP therapy than with the R-CHOP therapy in two-year follow-up. According to updated results, the difference between the treatment groups remained in three-year follow-up. Patients with intermediate and high risk of relapse (IPI 3–5) benefited from the treatment, whereas the treatment results of lower-risk patients (IPI 2) did not differ



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from those of the comparator. The effect of the pola-R-CHP therapy on the overall survival

is currently not known.

In COHERE Finland's opinion, the treatment has been found to have effect on the progres-

sion-free survival (PFS), but the achieved benefit over the comparator was clinically negli-

gible. The patients who participated in the study were relatively young (median 65 years)

and in good health. No differences were found between the study groups in survival rates,

treatment response, quality of life, or frequency of adverse effects.

According to the marketing authorisation holder's estimate, the incremental cost-effective-

ness ratio of the Pola-R-CHP treatment is approximately €36,000/QALY for the entire pa-

tient population treated in the study. According to the sensitivity analyses carried out by

Fimea's assessment team, the ICER estimate is in the range of €13,000-55,000/QALY.

The assessment of cost-effectiveness involves uncertainty because data on the long-term

effect of the treatment on progression-free survival or overall survival is not yet available

due to the small number of endpoints.

The costs per patient and the budget impact compared to the current treatment regime are

significantly higher. The medicine and dosage costs of the pola-R-CHP treatment are

about EUR 61,000 and those of the comparator about EUR 12,000 when the duration of

treatment is 3.5 months. According to Fimea's estimate, the additional costs of the pola-

CHP combination treatment for 140–190 patients is EUR 6.8–9.3 million at list prices.

The diffuse large B-cell lymphoma (DLBCL) is an aggressive cancer of the lymphocytes.

Around 600–700 new cases of DLBCL are diagnosed annually in Finland. The majority of

the cases are diagnosed in patients aged 65–74 years. Around 60–70% of patients re-

cover with first-line treatment.

MINISTRY OF SOCIAL AFFAIRS AND HEALTH

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This is a summary of a recommendation adopted by the Council for Choices in Health

Care in Finland (COHERE Finland). The actual recommendation and the related back-

ground material are available in Finnish on the website of COHERE Finland under Rec-

ommendations.

The summary of the recommendation is also available in **Swedish** and **Finnish** on the

website.

The Council for Choices in Health Care in Finland (COHERE Finland) works in conjunc-

tion with the Ministry of Social Affairs and Health, and its task is to issue recommenda-

tions on services that should be included in the range of public health services. Further

information about service choices in healthcare is available on the **COHERE Finland** 

website.