RECOMMENDATION ON BREXUCABTAGENE AUTOLEUCEL IN THE TREATMENT OF RELAPSED OR REFRACTORY ACUTE LYMPHOPLASTIC LEUKAEMIA IN ADULTS

At its meeting of 7 November 2024, the Council for Choices in Health Care in Finland (COHERE Finland) adopted a recommendation on brexucabtagene autoleucel in the treatment of relapsed or refractory acute lymphoplastic leukaemia in adults.

Tecartus treatment (brexucabtagene autoleucel) is included in the national range of services in the treatment of relapsed or refractory B-cell precursor acute lymphoblastic leukaemia (ALL) in patients in good condition (ECOG performance status 0-1) aged 26 years and above. Treatment can be administered to patients who have not previously received CAR-T therapy.

In COHERE Finland's opinion, a significant proportion of patients achieved long-term complete remission from Tecartus treatment. The efficacy of the treatment has only been demonstrated in patients in good condition, and the research evidence involves significant uncertainty. COHERE Finland requires that the marketing authorisation holder and the buyer agree on a price significantly below than the public wholesale price. In addition, COHERE Finland requires that gathering and reporting of treatment monitoring data be agreed as part of the price negotiations.

Tecartus is indicated for the treatment of adult patients 26 years of age and above with relapsed or refractory B-cell precursor acute lymphoblastic leukaemia (ALL). The efficacy and safety of Tecartus has been studied in the Phase 1/2 single-arm study ZUMA-3 in patients in good condition aged 18 years and above. Results are available for a period of four years.

In the ZUMA-3 study, nearly three quarters of patients aged 26 years and above achieved complete remission in the updated analysis with respect to the primary endpoint. Of these, the majority (approximately 60%) achieved complete remission (CR) and some (13%) complete remission with incomplete haematological recovery (CRi). The median duration of the remission achieved in this patient group was over 1.5 years (20.0 months), the median recurrence-free survival was nearly one year (11.6 months), and the median overall survival was over 2 years (26.0 months). Patients aged 18 years and above (n=78) had similar outcomes with respect to all of the aforementioned endpoints

A total of 99 patients aged 18 years and above were screened for the Phase 1 and 2 intention-to-treat population in the ZUMA-3 study. Approximately one fifth of patients (n = 21) had white blood cells removed from their blood, but they did not receive Tecartus. The median OS of patients who achieved complete remission (CR or CRi) with Tecartus was nearly 4 years (47.0 months). In contrast, patients who did not achieve remission had a poor prognosis (median OS of 2.4 months).

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In COHERE Finland's opinion, the results achieved with Tecartus treatment are clinically significant in the studied patient group.

In the primary analysis of ZUMA-3, with a median potential follow-up of 16.4 months, an adverse event was observed in nearly all patients in the Phase 2 intention-to-treat population (n=55) aged 18 years and above. According to the EMA's evaluation report, the observed adverse events are similar to those of other CAR-T treatments and no new significant adverse events were identified from the study. At four-year follow-up, 43 patients had died in the Phase 1 and 2 intention-to-treat population (n=78) of patients aged 18 years of age and above. In 26 of the patients, the reason was disease progression, and in 17, some other reason. In COHERE Finland's opinion, Tecartus treatment has been described as having serious adverse effects and significant risks, but these do not differ significantly from those of other CAR-T treatments.

The ZUMA-3 study was of a single-arm, so data on comparator treatments has been obtained from indirect comparisons. Tecartus has been indirectly compared to historical cohorts and pivotal studies of blinatumomab and inotuzumab-ozogamicin. In indirect comparisons, Tecartus has generally appeared to be of better efficacy than blinatumomab, inotuzumab-ozogamicin or chemotherapy. However, there is a lot of uncertainty associated with indirect comparisons due to the limitations involved with the methods, for example, and the available data.

The medicine costs of Tecartus per patient are €360,000 at the public list price. The costs per patient of Tecartus treatment are €190,000–300,000 higher than those of comparator treatments, depending on the comparator and potential stem cell transplantation. According to Fimea's estimate, 0–5 patients would be eligible for treatment in Finland annually.

In the reviewed health-economic analyses of other countries, Tecartus treatment was more expensive but produced more health benefits than comparators. Chemotherapy was frequently used as comparator in modelling, and the modelling results are not applicable to the situation in Finland. The uncertainties mentioned in the reports from different countries included the duration of treatment efficacy and indirect comparisons with other comparators.

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 background material are available in Finnish on the website of COHERE Finland under Valmiit suositukset.

The summary of the recommendation is also available in Swedish and English on the website.

The Council for Choices in Health Care in Finland (COHERE Finland) works in conjunction with the Ministry of Social Affairs and Health, and its task is to issue recommendations 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.

Ministry of Social Affairs and Health

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