SUMMARY OF COHERE FINLAND'S RECOMMENDATION ON TALQUETAMAB FOR THE TREATMENT OF ADVANCED MULTIPLE MYELOMA

At its meeting of 7 November 2024, the Council for Choices in Health Care in Finland (COHERE Finland) adopted a recommendation on talquetamab for the treatment of advanced multiple myeloma.

Talquetamab is not part of the national range of services (as a monotherapy) for the treatment of relapsed or refractory multiple myeloma in adult patients who have received at least three prior therapies, including an immunomodulator, a proteasome inhibitor and a CD38 antibody, and whose disease progressed during the most recent therapy. In the view of COHERE Finland, the research evidence involves significant uncertainty. There is insufficient evidence to assess the clinical relevance of the therapy.

Talquetamab as monotherapy is indicated for the treatment of relapsed and refractory multiple myeloma in adult patients who have received at least three prior therapies, including an immunomodulator, a proteasome inhibitor and a CD38 antibody, and whose disease progressed during the most recent therapy.

The effects of talquetamab in the treatment of advanced multiple myeloma in adult patients who have received at least three prior therapies have been studied in a phase I/II, single-arm study. In the study, with a follow-up period of 15 months, 34% of patients receiving weekly dosing of talquetamab and 39% of patients with dosing every two weeks achieved a complete response. The median progression-free survival was 7.5 months with weekly dosing and 14.2 months with dosing every two weeks. Median overall survival had not yet been reached in either patient group. In the view of COHERE Finland, the research evidence involves significant uncertainty. There is insufficient evidence to assess the clinical relevance of the therapy.

Health-related quality of life was measured in the MonumenTAL-1 study with several indicators. However, there is uncertainty when it comes to making final decisions. Based on the results of the subgroup analyses, it cannot be concluded that any particular patient group would benefit more from talquetamab therapy than another.

Talquetamab therapy was compared with current myeloma therapies through indirect comparison. Indirect comparisons between talquetamab and the comparator treatments contain a lot of uncertainty, and no reliable conclusions can be drawn from the results.

All patients in the safety population experienced an adverse event and nearly half experienced a serious adverse event. The most common adverse events were cytokine release syndrome, dysgeusia and anaemia, which occurred in more than 40% of patients.

The Finnish Medicines Agency (Fimea) estimates the per-patient cost of medication and administration of talquetamab at public list prices to be approximately EUR 281,000. This is approximately EUR 90,000 more than the cost of a treatment of a comparable duration with the comparator treatment, teclistamab. The annual cost of talquetamab therapy for 10–20 patients in the public sector would be approximately EUR 2.8–5.6 million. Fimea estimates the budgetary impact of talquetamab therapy for 10–20 patients to be approximately EUR 1.4–3.7 million. The budgetary impact is associated with significant uncertainty due to the duration and frequency of the therapies being compared.

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.

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