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# Cost per Responder for Teclistamab-Daratumumab versus Daratumumab, Pomalidomide, Dexamethasone (DPd), and Daratumumab, Bortezomib, Dexamethasone (DVd) in Relapsed Refractory Multiple Myeloma Patients


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## Key Takeaway

This analysis demonstrates that TecDara provides greater economic value than DVd/DPd, driven by deeper responses, thus supporting its use in earlier lines of therapy

## Conclusion

The cost per CR+ was lower for TecDara versus DVd and DPd despite the availability of generic pomalidomide and bortezomib

## Introduction

- The MajesTEC-3 trial of teclistamab in combination with daratumumab (TecDara) showed markedly superior efficacy over standard of care regimens daratumumab combined with dexamethasone and bortezomib or pomalidomide (DVd/DPd) in patients with relapsed refractory multiple myeloma (RRMM) with 1-3 prior lines of therapy.[1]
- At a median follow-up of 34.5 months, 81.8% of patients in the TecDara cohort and 32.1% of patients in the DVd/DPd cohort had a complete response or better (CR+) (P<0.001).[1]
- Progression-free survival (PFS) rates at 36 months were significantly higher in the TecDara cohort than the DVd/DPd cohort (HR: 0.17; 95% CI: 0.12-0.23; P<0.001), and overall survival at 36 months was significantly higher in the TecDara cohort (83.3% vs 65.0%; P<0.0001).[1]
- With the availability of bortezomib and pomalidomide generics, it is important to evaluate the economic value of TecDara compared with DVd/DPd.
- Given the association between deep responses and improved clinical outcomes, cost per CR+ was used as a clinically meaningful and readily interpretable measure of treatment value.
- The objective of this study was to evaluate the economic value of TecDara vs DVd/DPd by comparing cost per CR+ from a US healthcare system perspective.

## Methods

- The cost per CR+ was calculated for each treatment regimen as the expected 36-month total cost of care using wholesale acquisition costs (WAC) divided by the probability of patients achieving CR+.
- Comprehensive total cost of care was estimated for each regimen, and included wholesale acquisition costs for each drug (drug costs), inpatient (IP) Tec-Dara step-up doses 1-2 (SUD costs), drug administration and treatment monitoring (OP administration and supportive care costs), management of grade ≥3 adverse events (AE post-SUD hospitalization costs), and subsequent LOT treatment cost (subsequent therapy costs).
- The key model inputs and assumptions are summarized in **Table 1**.
- The model was developed in Microsoft Excel™ for Microsoft 365 MSO/Visual Basic for Applications (Microsoft Corp., Redmond, WA).

**Table 1: Key model inputs and assumptions**

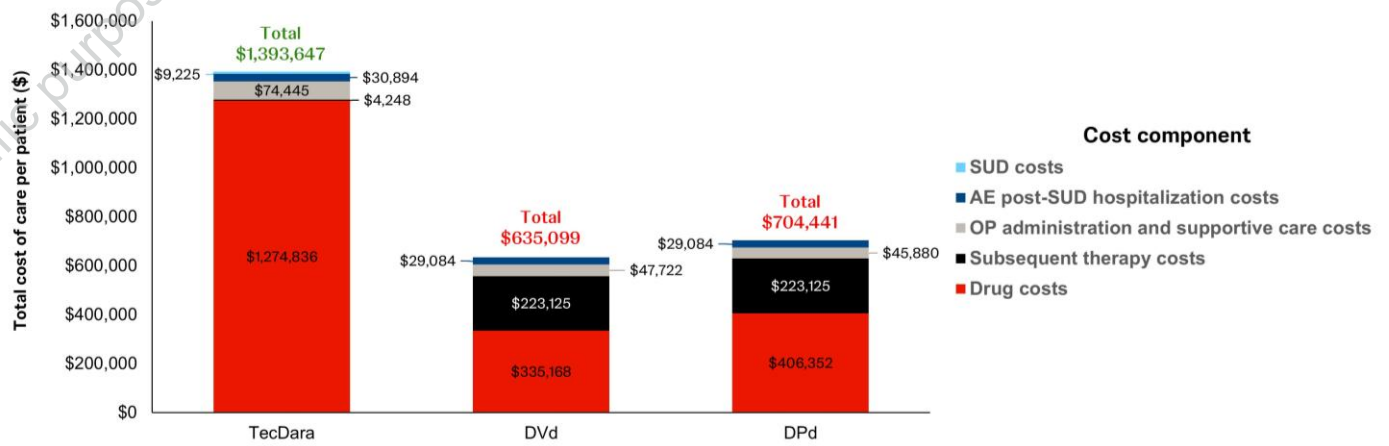
1. Model time horizon of 36 months
2. Drug costs
   - i. All unit drug costs are based on WAC (April 2026). WAC for tocilizumab is based on the WAC for Actemra® and pomalidomide and bortezomib are based on generic pricing.
   - ii. Dosing schedule for TecDara, including SUD for Tec, is as described in the United States Prescribing Information (USPI).[2] For DVd/DPd, drug dosing schedules as described in the MajesTEC-3 trial protocol[1]
   - iii. For TecDara, assumes 28.5% of patients switch from 3 mg/kg to 1.5mg/kg at week 29.[1]
3. SUD costs
   - i. Applicable for TecDara only.
   - ii. Patients receive the first and second teclistamab step-up doses (SUDs) in one hospitalization on days 1 and 3 and (discharged on day 4; length of stay = 4 days), in accordance with the USPI.[2] The first daratumumab dose is assumed to be administered OP on day 1 (prior to the hospitalization), while the second daratumumab dose is assumed to be administered on day 7 prior to the third teclistamab SUD (first full treatment dose) on day 7 in the OP setting.
   - iii. Patients who experience CRS or ICANS of grade 3+ are assumed to be hospitalized and finish SUD in IP settings.
   - iv. Costs for radiology exam, neurological consult, and a course with Anakinra are assumed for patients with Grade 2+ ICANS. Costs for treatment with tocilizumab is assumed for patients with Grade 2+ CRS. Costs for radiology exam and neurological consult are based on CMS schedule.[3]
   - v. The rates of CRS and ICANS are based on MajesTEC-3 results.[1]
   - vi. Cost of per day IP stay from Tan et al,[4] inflated to costs in 2026.
3. OP administration and supportive care costs
   - i. Drug administration cost for sub-cutaneous drugs is based on the CMS Schedule.[3]
   - ii. Supportive care costs included monthly recurring cost of treatment monitoring and non-myeloma related healthcare costs.[5]
4. AE post-SUD hospitalization costs
   - i. Cost of AE management for each treatment was calculated as sum-product of risks and per-episode costs of all-cause grade 3-5 AEs occurring with a frequency of at least 5% for at least one of the treatment regimens.
   - ii. AE rates are based on MajesTEC-3 for TecDara and DVd/DPd[1]
   - iii. Costs of each AE type per episode were obtained from the Healthcare Cost and Utilization Project (HCUP) National Inpatient Sample 2022.
5. Subsequent therapy costs
   - i. The PFS Kaplan-Meier curve associated with each treatment from the MajesTEC-3 trial were used as a proxy for the proportion of patients remaining on treatment over time.
   - ii. Subsequent treatment costs were assumed for 56.7%[6] of patients who discontinue initial regimens.
   - iii. Applied as a monthly cost based on a real-world evidence study reporting on all-cause healthcare cost[5] and applied from progression to death or after 36 months of treatment.

AE, adverse event; CRS, cytokine release syndrome; Dara, daratumumab; DVd/DPd, daratumumab and dexamethasone with either bortezomib (V) or pomalidomide (P); ICANS, immune effector cell–associated neurotoxicity syndrome; IP, inpatient; OP, outpatient; PFS, progression-free survival; SUD, step-up dose; Tec, teclistamab; USPI, United States Prescribing Information; WAC, wholesale acquisition cost.

## Results

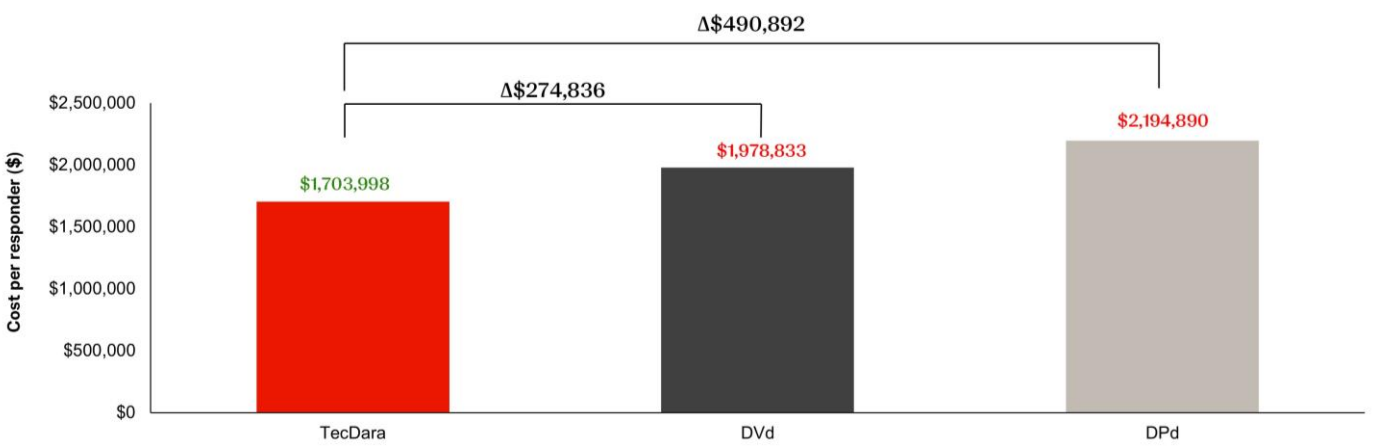
- The cost of care per patient for the first 36-months of treatment was $1,393,647 for TecDara, $635,099 for DVd, and $704,441 for DPd (**Figure 1**).
- Despite higher total cost of care, TecDara demonstrated the lowest cost per CR+ ($1,703,998) vs DVd ($1,978,833) and DPd ($2,194,890), representing savings of $274,836 and $490,892 for each cost per CR+, respectively (**Figure 2**).

**Figure 1: Total cost of care per patient of TecDara versus DVd/DPd during the first 36 months of treatment**




AE, adverse event; Dara, daratumumab; DVd/DPd, daratumumab and dexamethasone with either bortezomib (V) or pomalidomide (P); OP, outpatient; SUD, step up dosing. Tec, teclistamab.

**Figure 2: Cost per responder (CR+) of TecDara versus DVd/DPd during the first 36 months of treatment**




Dara, daratumumab; DVd/DPd, Dara and dexamethasone with either bortezomib (V) or pomalidomide (P); Tec, teclistamab.

## Study limitations

- Clinical efficacy and safety inputs for both DVd and DPd were based on the MajesTEC-3 comparator arm where most patients received DPd, and therefore, the clinical outcomes may be more representative of DPd than DVd.
- As dose reduction timing was highly variable from cycle 7 onwards in MajesTEC-3, the model assumes all dose reductions occurred at Week 29, which may overestimate the duration of dose reduction.

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M. Deshpande was an employee of Johnson & Johnson during the conduct of this study and may own shares and/or stock options in Johnson & Johnson.

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Multiple Myeloma


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