

Duvelisib (chronic lymphocytic leukaemia, after \geq 2 prior therapies)

Resolution of: 21 July 2022

Valid until: unlimited

Entry into force on: 21 July 2022 Federal Gazette, BAnz AT 17 08 2022 B3

Therapeutic indication (according to the marketing authorisation of 19 May 2021):

Copiktra monotherapy is indicated for the treatment of adult patients with:

- relapsed or refractory chronic lymphocytic leukaemia (CLL) after at least two prior therapies.
- follicular lymphoma (FL) that is refractory to at least two prior systemic therapies.

Therapeutic indication of the resolution (resolution of 21 July 2022):

Copiktra monotherapy is indicated for the treatment of adult patients with relapsed or refractory chronic lymphocytic leukaemia (CLL) after at least two prior therapies.

- **1.** Additional benefit of the medicinal product in relation to the appropriate comparator therapy
- a) Adult patients with pretreated CLL who have not yet received a BTK inhibitor and/or BCL2 inhibitor

Appropriate comparator therapy:

- Ibrutinib
 - or
- Venetoclax + rituximab
 - or
- Chemoimmunotherapy with fludarabine in combination with cyclophosphamide and rituximab (FCR) or bendamustine in combination with rituximab (BR) or chlorambucil in combination with rituximab (ClbR) (only in the case of a long recurrence-free interval and the absence of genetic risk factors)

Extent and probability of the additional benefit of duvelisib compared to the appropriate comparator therapy:

An additional benefit is not proven.

b) Adult patients with relapsed or refractory CLL after a prior therapy with at least one BTK inhibitor

Appropriate comparator therapy:

- Venetoclax + rituximab

Extent and probability of the additional benefit of duvelisib over venetoclax in combination with rituximab:

An additional benefit is not proven.

c) <u>Adult patients with relapsed or refractory CLL after a prior therapy with at least one</u> <u>BCL2 inhibitor</u>

Appropriate comparator therapy:

- Ibrutinib

Extent and probability of the additional benefit of duvelisib compared to ibrutinib:

An additional benefit is not proven.

d) <u>Adult patients with relapsed or refractory CLL after a prior therapy with at least one BTK</u> <u>inhibitor and one BCL2 inhibitor</u>

Appropriate comparator therapy:

- Patient-individual therapy with selection of:
 - idelalisib in combination with rituximab,
 - bendamustine in combination with rituximab,
 - chlorambucil in combination with rituximab and
 - best supportive care;

taking into account comorbidities, general condition, genetic risk factors as well as success and tolerability of prior therapy

Extent and probability of the additional benefit of duvelisib compared to the appropriate comparator therapy:

An additional benefit is not proven.

Study results according to endpoints:

a) <u>Adult patients with pretreated CLL who have not yet received a BTK inhibitor and/or</u> <u>BCL2 inhibitor</u>

No data are available to allow an assessment of the additional benefit.

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary			
Mortality	n.a.	There are no assessable data.			
Morbidity	n.a.	There are no assessable data.			
Health-related quality	n.a.	There are no assessable data.			
of life					
Side effects	n.a.	There are no assessable data.			
Explanations:					
↑: statistically significant and relevant positive effect with low/unclear reliability of data					
\downarrow : statistically significant and relevant negative effect with low/unclear reliability of data					
$\uparrow\uparrow$: statistically significant and relevant positive effect with high reliability of data					
$\downarrow \downarrow$: statistically significant and relevant negative effect with high reliability of data					
↔: no statistically significant or relevant difference					
\varnothing : There are no usable data for the benefit assessment.					
n.a.: not assessable					

b) <u>Adult patients with relapsed or refractory CLL after a prior therapy with at least one</u> <u>BTK inhibitor</u>

No data are available to allow an assessment of the additional benefit.

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary		
Mortality	n.a.	There are no assessable data.		
Morbidity	n.a.	There are no assessable data.		
Health-related quality of life	n.a.	There are no assessable data.		
Side effects	n.a.	There are no assessable data.		
Explanations: 个: statistically significant and relevant positive effect with low/unclear reliability of data				
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n.a.: not assessable

c) <u>Adult patients with relapsed or refractory CLL after a prior therapy with at least one</u> <u>BCL2 inhibitor</u>

No data are available to allow an assessment of the additional benefit.

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary			
Mortality	n.a.	There are no assessable data.			
Morbidity	n.a.	There are no assessable data.			
Health-related quality	n.a.	There are no assessable data.			
of life					
Side effects	n.a.	There are no assessable data.			
Explanations:					
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$\downarrow \downarrow$: statistically significant and relevant negative effect with high reliability of data					
↔: no statistically significant or relevant difference					
\varnothing : There are no usable data for the benefit assessment.					
n.a.: not assessable					

Adult patients with relapsed or refractory CLL after a prior therapy with at least one d) BTK inhibitor and one BCL2 inhibitor

No data are available to allow an assessment of the additional benefit.

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary			
Mortality	n.a.	There are no assessable data.			
Morbidity	n.a.	There are no assessable data.			
Health-related quality of life	n.a.	There are no assessable data.			
Side effects	n.a. There are no assessable data.				
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n.a.: not assessable					

2. Number of patients or demarcation of patient groups eligible for treatment

a) Adult patients with pretreated CLL who have not yet received a BTK inhibitor and/or BCL2 inhibitor

and

b) Adult patients with relapsed or refractory CLL after a prior therapy with at least one BTK inhibitor

and

c) Adult patients with relapsed or refractory CLL after a prior therapy with at least one BCL2 inhibitor

and

d) <u>Adult patients with relapsed or refractory CLL after a prior therapy with at least one</u> <u>BTK inhibitor and one BCL2 inhibitor</u>

approx. 550 – 2,060 patients

3. Requirements for a quality-assured application

The requirements in the product information are to be taken into account. The European Medicines Agency (EMA) provides the contents of the product information (summary of product characteristics, SmPC) for Copiktra (active ingredient: duvelisib) at the following publicly accessible link (last access: 7 June 2022):

https://www.ema.europa.eu/en/documents/product-information/copiktra-epar-productinformation_en.pdf

Treatment with duvelisib should only be initiated and monitored by specialists in internal medicine, haematology and oncology experienced in the treatment of patients with chronic lymphocytic leukaemia.

No data on the safety and efficacy of duvelisib are available for patients who have received a BCL2, phosphoinositide 3-kinase or Bruton tyrosine kinase inhibitor prior to therapy with duvelisib.

4. Treatment costs

Annual treatment costs:

The annual treatment costs shown refer to the first year of treatment.

a) <u>Adult patients with pretreated chronic lymphocytic leukaemia who have not yet</u> <u>received a BTK inhibitor and/or BCL2 inhibitor</u>

Designation of the therapy	Annual treatment costs/ patient				
Medicinal product to be assessed:					
Duvelisib	€ 68,451.58 ¹				
Best supportive care	Different from patient to patient				
Appropriate comparator therapy:					
Ibrutinib monotherapy					
Ibrutinib	€ 76,273.27				
Additionally required SHI costs	€ 11.40				
Venetoclax + rituximab					
Venetoclax	€ 72,700.30				
Rituximab	€ 19,968.67				
Total	€ 92,668.97				
Additionally required SHI costs € 48.83					
Chemoimmunotherapy with FCR or BR or Cl	bR				
Fludarabine + cyclophosphamide + rituxima	ıb (FCR)				
Fludarabine	€ 1,893.84				
Cyclophosphamide	€ 220.50				
Rituximab	€ 19,968.67				
Total	€ 22,083.01				
Additionally required SHI costs	€ 48.83				
Bendamustine + rituximab (BR)					
Bendamustine	€ 6,143.00				
Rituximab	€ 19,968.67				
Total	€ 26,111.67				
Additionally required SHI costs € 48.83					
Chlorambucil + rituximab (ClbR)					
Chlorambucil	€ 166.85				
Rituximab	€ 19,968.67				
Total	€ 20,135.52				
Additionally required SHI costs	€ 48.83				

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 July 2022)

¹ Duvelisib is currently not sold in Germany. LAUER-TAXE[®] last revised: 15 April 2022

b) <u>Adult patients with relapsed or refractory chronic lymphocytic leukaemia after a prior</u> <u>therapy with at least one BTK inhibitor</u>

Designation of the therapy	Annual treatment costs/ patient			
Medicinal product to be assessed:				
Duvelisib	€ 68,451.58 ¹			
Best supportive care Different from patient to patient				
Appropriate comparator therapy:				
Venetoclax + rituximab				
Venetoclax	€ 72,700.30			
Rituximab	€ 19,968.67			
Total	€ 92,668.97			
Additionally required SHI costs	€ 48.83			

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 July 2022)

c) Adult patients with relapsed or refractory chronic lymphocytic leukaemia after a prior therapy with at least one BCL-2 inhibitor

Designation of the therapy	Annual treatment costs/ patient			
Medicinal product to be assessed:				
Duvelisib	€ 68,451.58 ¹			
Best supportive care	Different from patient to patient			
Appropriate comparator therapy:				
Ibrutinib monotherapy				
lbrutinib € 76,273.27				
Additionally required SHI costs	€ 11.40			

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 July 2022)

d) Adult patients with relapsed or refractory chronic lymphocytic leukaemia after a prior therapy with at least one BTK inhibitor and one BCL-2 inhibitor

Designation of the therapy	Annual treatment costs/ patient		
Medicinal product to be assessed:			
Duvelisib	€ 68,451.58 ¹		
Best supportive care	Different from patient to patient		
Appropriate comparator therapy:			
idelalisib in combination with rituximab			
Idelalisib	€ 52,043.65		

Designation of the therapy	Annual treatment costs/ patient
Rituximab	€ 26,734.07
Total	€ 78,777.72
Additionally required SHI costs	€ 60.98
Bendamustine in combination with ritux	imab
Bendamustine	€ 6,143.00
Rituximab	€ 19,968.67
Total	€ 26,111.67
Additionally required SHI costs	€ 48.83
Chlorambucil in combination with rituxin	nab
Chlorambucil	€ 166.85
Rituximab	€ 19,968.67
Total	€ 20,135.52
Additionally required SHI costs	€ 48.83
Best supportive care	
Best supportive care	Different from patient to patient

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 July 2022)

Other SHI services:

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Medicinal product to	be assessed: Duveli	sib			
Incalculable					
Appropriate compar	ator therapy				
Fludarabine	Surcharge for production of a parenteral preparation containing cytostatic agents	€81	3	18	€ 1,458
Cyclophosphamide	Surcharge for production of a parenteral preparation containing cytostatic agents	€81	3	18	€ 1,458
Rituximab in combination with idelalisib)	Surcharge for the preparation of a parenteral	€71	1	8	€ 568

Courtesy translation – only the German version is legally binding.

	solution containing monoclonal antibodies				
Bendamustine	Surcharge for production of a parenteral preparation containing cytostatic agents	€81	2	12	€972