

Obinutuzumab cost effective as first-line therapy in CLL

A cost-effectiveness analysis presented at the 50th Annual Meeting of the American Society of Clinical Oncology, suggests that obinutuzumab may be cost effective as a first-line therapy in patients with chronic lymphocytic leukaemia (CLL) also receiving chlorambucil.

Researches constructed a 3-state Markov model including progression-free survival, progression and death to evaluate two first-line treatments for CLL: obinutuzumab and rituximab, both in combination with chlorambucil. Clinical and drug utilisation parameters for the model were estimated from the CLL-11* study. Costs were based on drug wholesale acquisition costs and Medicare reimbursements.

Results showed that obinutuzumab + chlorambucil had an 89% probability of being cost-effective at the threshold of \$US100 000 per QALY gained compared with rituximab + chlorambucil. While, average life years and QALYs were increased with obinutuzumab + chlorambucil compared with rituximab + chlorambucil (+0.61 and +0.56 years, respectively), obinutuzumab + chlorambucil was associated with higher drug and adverse event costs (+\$330 and +\$3085, respectively). However, rituximab + chlorambucil was associated with a higher cost of disease progression than obinutuzumab + chlorambucil (\$46 075 vs \$40 004) leading to a similar total cost for each treatment (\$34 875 vs \$37 460).

The authors conclude that "further analyses based on indirect comparisons with other treatment options, as well as updated follow-up data, will help inform coverage and reimbursement policy decisions."

* ClinicalTrials.gov record: NCT01010061.

Veenstra DL, et al. Is obinutuzumab cost-effective in the first-line treatment of CLL? 50th Annual Meeting of the American Society of Clinical Oncology : abstr. 7052, 30 May 2014. 803104831