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Therapy focus – Multiple myeloma pricing set to feel the heat

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The US FDA made a special effort to approve not one but three new multiple myeloma treatments before the ASH meeting last December, cementing the status of this indication as one of the best-served haematological cancers.

But better treatments come at a price, and that for multiple myeloma could spur a payer backlash given that many new drugs are expensive antibodies, and most need to be given against a backbone of Celgene's Revlimid – itself a costly drug (see tables below). This explains why a US economic institute focusing on drug cost-effectiveness has now trained its guns at multiple myeloma.

ICER, the Institute for Clinical and Economic Review, is an independent US organisation that does not have direct input into pricing. But its proposals are taken increasingly seriously, as shown by the severe discount at which Merck & Co priced its new hepatitis C offering last week (*Looking for a hep C price war? Merck just started it, January 29, 2016*).

Of course, it is relatively easy for payers to put their foot down against hepatitis C drug price inflation. In contrast, while much has been said about the spiralling costs of cancer treatment with MAbs, cell therapies and combinations, so far this has had little effect.

But this could change: ICER will this Friday go public with a draft report for the Midwest Comparative Effectiveness Public Advisory Council, comparing the clinical and cost-effectiveness of relapsed multiple myeloma therapies.

Ripe for scrutiny

Multiple myeloma is ripe for pricing scrutiny owing to the three recent approvals – Empliciti, Darzalex and Ninlaro – on the one hand, and the remarkable resilience of Revlimid on the other.

Ironically Revlimid is set to remain US patent-protected even beyond the 2025 expiry of the IP covering Celgene's follow-up drug Pomalyst. *EvaluatePharma* sellside estimates see Revlimid still growing in 2020 to bring in $10.2bn, 13 years after its first launch.

Empliciti was approved on the strength of studies showing its benefit in the second-line setting and beyond, when added to Revlimid. Ninlaro, too, was added on top of the Celgene drug.

Multiple myeloma combos in phase III & IV trials			
Backbone	**Combo drug 1**	**Combo drug 2**	**Number of trials**
Revlimid + dexamethasone	Empliciti	–	3
Revlimid + dexamethasone	Velcade	–	2
Revlimid + dexamethasone	Darzalex	–	2
Revlimid + dexamethasone	Ninlaro	–	2
Velcade + dexamethasone	Pomalyst	–	1
Revlimid + dexamethasone	Ninlaro	–	1
Velcade + dexamethasone	Darzalex	–	1
Velcade + melphalan + prednisone	Darzalex	–	1
Revlimid + dexamethasone	Velcade	Empliciti	1
Pomalyst + dexamethasone	Keytruda	–	1

For now Darzalex is approved in fourth-line use, but trials are ongoing to move it towards the front line – obviously in combination with Revlimid. And the way things are moving can be gleaned from comments by Dr Saad Usmani, of the Levine Cancer Institute, who at last year's Asco floated the idea of even combining Darzalex with Empliciti.

Behind Darzalex comes a swarm of phase II and III multiple myeloma projects, many of them biologicals, including anti-CD38 Darzalex follow-ons from Sanofi (isatuximab) and Morphosys (MOR202). It is not yet clear where the mid-stage assets might fit in, but companies are likely to shoot eventually for early lines of treatment, implying a Revlimid-containing regimen.

With the Celgene drug patent-protected until around 2027 it is little wonder that ICER has turned to multiple myeloma, looking both at existing and newer treatments; cynics will note that it is not in industry's interest to run head-to-head trials to determine true clinical effectiveness.

In gauging biopharma's response to possible price pressure it is important to note Celgene's presence in earlier-stage R&D too. This probably gives the company an edge in any negotiations, though some curbing of spiralling treatment costs is probably unavoidable.

Selected multiple myeloma pipeline			
Product	**Company**	**Pharmacology**	**2020e sales ($m)**
Marketed			
Revlimid	Celgene	Immunomodulator	10,183
Pomalyst	Celgene	Immunomodulator	2,104
Kyprolis	Amgen	Proteasome inhibitor	1,960
Ninlaro	Takeda	Proteasome inhibitor	1,498
Darzalex	J&J/Genmab	Anti-CD38 MAb	1,166
Velcade	J&J/Takeda	Proteasome inhibitor	488
Farydak	Novartis	HDAC inhibitor	277
Approved			
Empliciti	AbbVie/BMS	Anti-SLAMF7 MAb	212
Phase III			
Aplidin	Roche/Zeltia	Apoptosis inducer	64

Filanesib	Array BioPharma	Kinesin spindle protein inhibitor	-
Zolinza	Merck & Co	HDAC inhibitor	40
Keytruda	Merck & Co	Anti-PD-1 MAb	NA
Mozobil	Sanofi	CXCR4 antagonist	113
Masican	AB Science	c-kit tyrosine kinase & PDGFr inhibitor	-
PVX-410	OncoPep	Cancer vaccine	-
*Phase II**			
Isatuximab	Sanofi	Anti-CD38 MAb	76
MOR202	MorphoSys	Anti-CD38 MAb	-
Sotatercept	Celgene/Acceleron Pharma	ACT2RB fusion protein	-
Istodax	Celgene	HDAC inhibitor	118
CC-223	Celgene	PI3K & mTOR inhibitor	-
Ricolinostat	Celgene/Acetylon	HDAC6 inhibitor	-
Marizomib (IV)	Celgene_Triphase	Proteasome inhibitor	-
BHQ880	Novartis	Anti-DKK-1 MAb	-
Milatuzumab-Dox	Immunomedics	Anti-CD74 MAb-doxorubicin conjugate	-
Indatuximab Ravtansine	ImmunoGen	Anti-CD138 MAb-DM4 maytansinoid conjugate	-
Tabalumab	Lilly	Anti-BAFF MAb	-
DKN-01	Lilly	Anti-DKK-1 MAb	-
HGS-ETR1	AstraZeneca	Anti-TRAIL-R1 MAb	-
PAT-SM6	Patrys	Anti-GRP78 MAb	-
ALT-801	Altor BioScience	p53-specific single-chain T-cell receptor (p53-TCR)/IL-2 fusion protein	-
ALT-803	Altor BioScience	IL-15 super agonist/IL-15Rα-Fc fusion protein complex	-
GSK3377794	GSK/Adaptimmune	Anti-NY-ESO-1 T cell therapy	-
ImMucin	Vaxil BioTherapeutics	Anti-MUC1 vaccine	-
*Note: *phase II comprises Celgene projects and biologicals only.*			

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