

Budget Impact of Zanubrutinib to Treat Relapsed or Refractory Marginal Zone Lymphoma from a Payer Perspective in the United States

Liu S¹, Yang K¹, Carter J², Zimmerman T¹, Tang B¹

¹BeiGene, Ltd., Emeryville, CA, USA, ²A Open Health, Bethesda, MD, USA

OBJECTIVES : Marginal zone lymphoma (MZL) is a heterogeneous, rare non-Hodgkin lymphoma that follows a prolonged remitting and relapsing course. The pivotal Phase 2 MAGNOLIA trial suggests that zanubrutinib had high response rates and durable disease control with a favorable safety profile in patients with relapsed/refractory (r/r) MZL. This study aimed to assess the budget impact of zanubrutinib treating adult patients with r/r MZL who had previously received ≥ 1 prior anti-CD20-based regimens.

METHODS : A 3-year Excel-based model was developed to estimate the budget impact of adding zanubrutinib to the formulary of a 1 million (M) member health plan from a US payer perspective. Comparators included ibrutinib, bendamustine-rituximab, rituximab/cyclophosphamide/doxorubicin/vincristine/prednisone (RCHOP), rituximab-monotherapy, and lenalidomide. Dosing and treatment schedules were obtained from clinical trial publications. Costs of drug acquisition, administration, monitoring, and AE management costs (2020 US\$) were obtained from RED BOOK, Centers for Medicare & Medicaid Services fee schedules, National Fee Analyzer, and Healthcare Cost and Utilization Project, respectively. Projected market shares were applied to estimate the number of patients treated with each regimen with and without zanubrutinib. Model outputs include annual budget impact and per member per month cost (PMPM) differences. Sensitivity analyses tested the impact of input uncertainty on modeled outcomes.

RESULTS : In a hypothetical 1M members health plan, 11 patients (0.001%) were estimated to have at least 1 prior therapy and initiate treatment for r/r MZL. Adding zanubrutinib is associated with an average incremental budget impact of \$45,018 (\$0.004 PMPM), \$67,527 (\$0.006 PMPM), and \$90,036 (\$0.008 PMPM) in year 1, year 2, and year 3 respectively. Model results were most sensitive to zanubrutinib wholesale acquisition cost.

CONCLUSIONS : Zanubrutinib offers an important treatment option for treating r/r MZL. Providing access to zanubrutinib for patients with r/r MZL is associated with minimal budget impact to a US health plan.
