SUMMARY

epcoritamab

TEPKINLY 4 mg/0.8 mL and 48 mg

solution for injection and concentrate for solution for injection

Initial inclusion

Original French opinion adopted by the Transparency Committee on 28 February 2024

The legally binding text is the original French opinion version

Summary of opinion

Favourable opinion for reimbursement as monotherapy for the treatment of relapsed or refractory diffuse large B-cell lymphoma (DLBCL) after two or more lines of systemic therapy only in adult patients who have failed or are ineligible for CAR-T cell-based medicinal products.

Unfavourable opinion for reimbursement in the other clinical situations of the MA.

Transparency Committee's conclusions

Clinical Benefit

- Diffuse large B-cell lymphoma (DLBCL) is a serious, life-threatening disease.
- This is a curative medicinal product.
- Pending the results of the phase 3 EPCORE DLBCL-1 trial, the efficacy/adverse effects ratio of TEPKINLY (epcoritamab) is moderate and remains to be confirmed given the absence of comparative data versus the available alternatives in the target population and the insufficient follow-up in terms of safety.
- There are therapeutic alternatives as third-line treatment in patients who have failed or are ineligible for CAR-T therapy; these are the proprietary medicinal products MINJUVI (tafasitamab) and COLUMVI (glofitamab).
- **TEPKINLY (epcoritamab) is a therapeutic alternative as third-line treatment** in relapsed or refractory adult patients after two or more lines of systemic therapy and **who have failed or are ineligible for CAR-T cell-based medicinal products**.

➔ **Public health benefit**

Considering:

- the seriousness and the low prevalence of diffuse large B-cell lymphoma,
- the partially met medical need,
- the lack of response to the identified need with **an additional impact of TEPKINLY (epcoritamab) on morbidity and mortality and on quality of life, for which there is no evidence to date**,
- the lack of evidence of an additional impact on the organisation of care in the absence of data,

TEPKINLY (epcoritamab) is unlikely to have an additional impact on public health.

Considering all these elements, the Committee deems that the clinical benefit of TEPKINLY (epcoritamab) 4 mg/0.8 mL concentrate for solution for injection and 48 mg solution for injection is:

- **substantial as monotherapy for the treatment of relapsed or refractory diffuse large B-cell lymphoma (DLBCL) after two or more lines of systemic therapy only in adult patients who have failed or are ineligible for CAR-T cell-based medicinal products;**
- **insufficient to justify public funding in the other clinical situations of the MA.**

The Committee issues a favourable opinion for inclusion of TEPKINLY (epcoritamab) 4 mg/0.8 mL concentrate for solution for injection and 48 mg solution for injection in the list of covered drugs for inpatients approved for use only as monotherapy for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) after two or more lines of systemic therapy and who have failed or are ineligible for CAR-T cell-based medicinal products and at the marketing authorisation dosages,

The Committee issues an unfavourable opinion for inclusion of TEPKINLY (epcoritamab) 4 mg/0.8 mL concentrate for solution for injection and 48 mg solution for injection in the list of covered drugs for inpatients approved for use in the other clinical situations of the MA.

Clinical Added Value

➔ **No clinical added value as monotherapy for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) after two or more lines of systemic therapy and who have failed or are ineligible for CAR-T cell-based medicinal products.**

Considering:

- the absence of comparative data and a phase 1/2 study (EPCORE NHL-1), the results of which do not enable any robust conclusion to be reached with respect to the therapeutic contribution of epcoritamab compared to the available alternatives in adult patients with relapsed or refractory DLBCL after two or more lines of systemic therapy;
- limited follow-up on the safety data of epcoritamab, with a median follow-up of less than 25.5 months in the EPCORE NHL-1 trial, and a safety profile particularly marked by the frequent occurrence of cytokine release syndrome (CRS), as well as grade 3-4 neutropenia;
- a partially met medical need with a benefit of having an additional alternative for relapsed or refractory patients after two or more lines of DLBCL therapy;
- and pending the results of the phase 3 study comparing epcoritamab as monotherapy versus investigator's choice of chemotherapy (rituximab-bendamustine or R-GemOx), in relapsed or

refractory DLBCL patients after two or more lines of therapy including an anti-CD20 antibody, or refractory to/ineligible for autologous stem cell transplant (DLBCL-1 trial),

the Committee deems that, based on the current data, and pending the results of the phase 3 EPCORE DLBCL-1 trial, **TEPKINLY (epcoritamab) as monotherapy provides no clinical added value (CAV V)** in the care pathway for adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) after two or more lines of systemic therapy and who have failed or are ineligible for CAR-T cell-based medicinal products.

The Committee considers that the TEPKINLY (epcoritamab) development plan proposed by the operating company is likely to provide data that will enable its assessment to be updated. It certifies that this development plan is ongoing, incorporating a phase 3 clinical trial (EPCORE DLBCL-1). The results are expected before 31 December 2024 by the Committee, which will reassess this proprietary medicinal product in the light of these data in 2025.