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2026003388

National Health Care Institute
Research, Development and Medicinal Products
Medicinal Products Team

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Our reference
2026003388

Date 12 February 2026
Re: Reimbursement advice lock procedure medicinal product glofitamab (Columvi®) in combination with gemcitabine & oxaliplatin (GemOx) for diffuse large B-cell lymphoma (DLBCL)

Dear Mr Bruijn,

The National Health Care Institute advises you on the assessment of glofitamab (Columvi®) in combination with gemcitabine and oxaliplatin for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (R/R DLBCL) who are not eligible for autologous stem cell transplantation (auto-SCT). The reason for this advice was the placement of glofitamab in the lock procedure for expensive medicinal products. The National Health Care Institute advises you not to include glofitamab in combination with gemcitabine and oxaliplatin (Glofit-GemOx) in the basic health insurance package for this indication unless price negotiations result in a lower price. The price of glofitamab should be reduced by at least 28% to be cost-effective.

Condition
DLBCL is the most common type of lymph node cancer. This is also known as non-Hodgkin lymphoma. This disease is diagnosed annually in about 1700 people in the Netherlands, mostly at ages between 65 and 74. When they are treated, 50 to 80% of them are still alive after 5 years. In 10 to 15% of patients, however, there will be disease progression during the treatment. The disease is then said to be 'refractory'. In 20 to 30% of patients, the disease returns after the patient was cured. it is then said to be 'relapsing'. The standard first-line therapy consists of chemo-immunotherapy (CIT). If CIT is not (sufficiently) effective, stem cell transplantation is possible if a patient's condition allows it. If not, no cure is possible. Treatment then focuses on prolonging life and maximising the quality of life.

Therapeutic indications
Glofitamab in combination with gemcitabine and oxaliplatin is indicated for the treatment of adult patients with relapsed or refractory (R/R) diffuse large B-cell lymphoma not otherwise specified (DLBCL) who are not eligible for autologous stem cell transplantation (auto-SCT)[1].

In addition, glofitamab as monotherapy is indicated for the treatment of adult

[1] In autologous stem cell transplantation, a patient's own stem cells are harvested and later returned.

patients with relapsed or refractory diffuse large B-cell lymphoma (R/R DLBCL) who have received at least two prior systemic treatments. That indication is outside the scope of this recommendation.

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Claim by the marketing authorisation holder
Glofitamab in combination with gemcitabine and oxaliplatin has added value in patients *who have been pre-treated with obinutuzumab* for the registered indication compared to rituximab in combination with gemcitabine and oxaliplatin.

Reimbursement advice

The National Health Care Institute has established that Glofit-GemOx meets the legal criterion of 'established medical science and medical practice' for the present indication. The pharmaco-economic analysis is of sufficient quality after adjustments by the National Health Care Institute and the results can be used for decision-making. The National Health Care Institute advises you not to include Glofit-GemOx in the basic health insurance package for the present indication, unless the price can be reduced by at least 28% after successful price negotiations. In the pharmaco-economic analysis, there is particular uncertainty about the scope and duration/sustainability of the treatment effect, the disease-related costs and the possible use of follow-up treatments in Dutch patients, respectively, as well as their average age. If additional scientific evidence is available in 3 to 4 years' time, the assumptions that relate to this could be reconsidered. The cost-effectiveness analysis could then lead to a different discount rate.

We explain the preparation of this reimbursement advice below.

General
At your request, the National Health Care Institute assesses whether new care should be part of the standard health insurance package from the perspective of the basic healthcare package paid from joint premiums.

The National Health Care Institute assesses on the basis of the four reimbursement criteria[2]: effectiveness[3], cost-effectiveness[4], necessity[5] and feasibility[6]. The Scientific Advisory Board (WAR) advises the National Health Care Institute on the (scientific) support and the conclusion of the assessment. If there are risks regarding the accessibility and affordability, the assessment of the reimbursement criterion of effectiveness (established medical science and medical practice) will be placed in the wider social context of the four reimbursement criteria. The Insured Package Advisory Committee (hereinafter also "ACP") advises the Executive Board of the National Health Care Institute in this regard.

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[2] Real-world package management 4 (2023). National Health Care Institute, Diemen. Via www.zorginstituutnederland.nl.

[3] Assessment of the established medical science and medical practice (2023). National Health Care Institute. Via www.zorginstituutnederland.nl.

[4] Healthcare cost-effectiveness report (2024) National Health Care Institute, Diemen. Via www.zorginstituutnederland.nl.

[5] Necessity is related to both the medical need due to the severity of a disease for the patient (burden of disease) and the need to insure something. See the report on real-world package management 4 (2023).

[6] The reimbursement criterion of feasibility deals with whether it is feasible or sustainable to include a specific type of care in the basic health insurance package. It is therefore mainly a test of a number of implementation aspects, such as the healthcare organisation, the support base, ethical and legal aspects, budget impact, etc. See the report on real-world package management 4 (2023).

This social weighting results in the reimbursement advice. Stakeholders are consulted during the process.

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Comprehensive weighting of package criteria

Effectiveness

Established medical science and medical practice

Glofit-GemOx was studied in a randomised, open-label phase III study (STARGLO) in adult patients with R/R DLBCL following at least one systemic treatment, who were not eligible for auto-SCT. R-GemOx was the comparative treatment, as this form of CIT is the most widely used for this indication worldwide. In the Netherlands, patients are treated with both R-PECC and R-Gemox[7]. According to the physicians' association, R-GemOx and R-PECC are both forms of CIT and therapeutically equivalent. The National Health Care Institute therefore accepts the STARGLO study as appropriate evidence.

In the study, treatment with Glofit-GemOx resulted in a clinically relevant effect on survival (OS). However, the quality of the evidence is of very low quality due to uncertainties about the comparability of the study population with patients in Dutch practice. As a result, the actual effect on OS in Dutch patients is very uncertain. The difference in median OS between Glofit-GemOx and R-GemOx in the study is 25.5 months versus 12.9 months. This difference is so great that even if there were an overestimation, the National Health Care Institute considers it sufficiently plausible that the effect will be clinically relevant in practice. This is reinforced by the results of a European study (NIVEAU study; 2018 – 2021), in which for comparable European patients, the OS for R-GemOx was similar to the OS for R-GemOx in the overall population of the STARGLO study.

The effect on quality of life has not been assessed as the marketing authorisation holder provided evidence for this outcome only in unpublished form. The safety profile of Glofit-GemOx is consistent with the known risks of the individual medicinal products and is considered manageable in clinical practice. The most well-known and major risk associated with glofitamab treatment is the occurrence of cytokine release syndrome.[8] In order to manage its consequences, each patient should be pre-treated once with obinutuzumab as standard prior to this treatment.

The National Health Care Institute, advised by the Scientific Advisory Board (WAR), has concluded that, considering everything together, Glofit-GemOx meets the established medical science and medical practice for the registered indication and has added value compared to the usual treatment with CIT.

Cost-effectiveness

The National Health Care Institute, supported by the WAR, has adapted the pharmaco-economic analysis of the marketing authorisation holder in view of the uncertainties about extrapolating the results of the STARGLO study to the Dutch population. The National Health Care Institute considers the analysis of the marketing authorisation holder to be too optimistic for the Dutch population and has therefore made more conservative assumptions for the age, size and duration/sustainability of the treatment effect, disease-related costs and possible

[7] R-PECC: rituximab, lomustine, etoposide, chlorambucil, prednisolone

[8] Cytokine release syndrome (CRS) is an overreaction of the immune system to the release of cancer cells, which can lead to flu-like symptoms but also to life-threatening organ failure.

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use of follow-up treatments, respectively. The adjusted pharmaco-economic analysis is therefore more realistic and, in the opinion of the National Health Care Institute, of sufficient methodological quality and is usable for decision-making. The cost-effectiveness estimate at the asking price of the marketing authorisation holder is above the reference value of €80,000/QALY considered relevant for this disease. The ICER is €94,584/QALY. Glofit-GemOx is therefore not a cost-effective intervention. The price of glofitamab should be reduced by at least 28% to be cost-effective. If additional scientific evidence becomes available in 3 to 4 years, including regarding the duration/sustainability of the treatment effect on OS, the above assumptions may be reconsidered and the marketing authorisation holder may submit a new dossier for reassessment. Finally, it is important to note that the cost-effectiveness analysis also includes the costs of the single pre-treatment with obinutuzumab. Obinutuzumab is not yet reimbursed for this indication. The conclusion regarding cost-effectiveness therefore also concerns the single pre-treatment with obinutuzumab, which should therefore also be eligible for reimbursement.[9]

Feasibility

Appropriate care

The physicians' association intends to make national agreements on the appropriate use of Glofit-GemOx in the context of an already existing national register. In this case, patients that have been treated with bispecific antibodies – *glofitamab is a bispecific antibody* – can be identified and monitored with the aim of promoting effective prescribing based on treatment result data.

Budget impact analysis

The National Health Care Institute estimates that 131 patients with R/R DLBCL will use Glofit-GemOx in the third year after market introduction. The average cost of treatment with Glofit-GemOx (including the costs of single pre-treatment with obinutuzumab[10]) amounts to a total of €91,977 per patient. Substitution with chemo-immunotherapies occurs in secondary, tertiary and quaternary line: R-PECC (40%), R-lenalidomide (25%), R-GemOx (25%) and bendamustine-rituximab (BR) (10%). The weighted average cost of these comparative treatments is € 10,356 per patient. In year 3, the macro cost of Glofit-GemOx is €12.0 million. The budget impact will be €10.7 million.

In particular, there is uncertainty about the influence of CAR-T cell therapy on the treatment algorithm and the mean duration per treatment regimen. It should also be noted that list prices have been used in the calculations. Lenalidomide has seen an above-average sharp drop in net prices since the availability of generic products in 2022. This could increase the actual budget impact.

Should you need any further information, please do not hesitate to contact us.

Yours sincerely,

[9] The marketing authorisation holder for glofitamab is also the marketing authorisation holder for obinutuzumab.

[10] Obinutuzumab is a standard part of the Glofit-GemOx treatment schedule.

M.J. Janssen
Chairperson of the Executive Board

Annexes:
- Pharmacotherapeutic report
- Budget impact analysis
- Pharmaco-economic report

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