Gemeinsamer Bundesausschuss

Resolution

of the Federal Joint Committee on an Amendment of the Pharmaceuticals Directive:
Annex XII – Benefit Assessment of Medicinal Products with New Active Ingredients according to Section 35a (SGB V)
Trastuzumab deruxtecan (new therapeutic indication: non-small cell lung cancer, HER2 (ERBB2) mutation, pretreated)

of 16 May 2024

At its session on 16 May 2024, the Federal Joint Committee (G-BA) resolved to amend the Pharmaceuticals Directive (AM-RL) in the version dated 18 December 2008 / 22 January 2009 (Federal Gazette, BAnz. No. 49a of 31 March 2009), as last amended by the publication of the resolution of D Month YYYY (Federal Gazette, BAnz AT DD.MM.YYYY BX), as follows:

I. In Annex XII, the following information shall be added after No. 5 to the information on the benefit assessment of Trastuzumab deruxtecan in accordance with the resolution of 20 July 2023 last modified on 9 January 2024:

Trastuzumab deruxtecan

Resolution of: 16 May 2024
Entry into force on: 16 May 2024
Federal Gazette, BAnz AT DD. MM YYYY Bx

New therapeutic indication (according to the marketing authorisation of 18 October 2023):

Enhertu as monotherapy is indicated for the treatment of adult patients with advanced NSCLC whose tumours have an activating HER2 (ERBB2) mutation and who require systemic therapy following platinum-based chemotherapy with or without immunotherapy.

Therapeutic indication of the resolution (resolution of 16 May 2024):

See new therapeutic indication according to marketing authorisation.

1. Additional benefit of the medicinal product in relation to the appropriate comparator therapy

a) Adults with advanced non-small cell lung cancer (NSCLC) whose tumours have an activating HER2 (ERBB2) mutation, following platinum-based chemotherapy without immunotherapy

Appropriate comparator therapy:

- Docetaxel (only for patients with PD-L1 negative tumours)

or

- Pemetrexed (only for patients with PD-L1 negative tumours and except in cases of predominantly squamous histology)

or

- Nivolumab

or

- Pembrolizumab (only for patients with PD-L1 expressing tumours, Tumour Proportion Score (TPS) ≥ 1%)

or

- Atezolizumab

or

- Docetaxel in combination with nintedanib (only for patients with PD-L1 negative tumours and adenocarcinoma histology)

Extent and probability of the additional benefit of trastuzumab deruxtecan compared to the appropriate comparator therapy:

An additional benefit is not proven.

b) Adults with advanced non-small cell lung cancer (NSCLC) whose tumours have an activating HER2 (ERBB2) mutation after prior treatment with a PD-1/PD-L1 antibody in combination with platinum-containing chemotherapy or after sequential therapy with a PD-1/PD-L1 antibody and platinum-containing chemotherapy

Appropriate comparator therapy:

- Docetaxel

or

- Docetaxel in combination with nintedanib (only for patients with adenocarcinoma histology)

or

- Docetaxel in combination with ramucirumab

or

- Pemetrexed (except for patients with predominantly squamous histology)

or

- Vinorelbine (only for patients who are unsuitable for docetaxel)

Extent and probability of the additional benefit of trastuzumab deruxtecan compared to the appropriate comparator therapy:

An additional benefit is not proven.

Study results according to endpoints:[1]

a) Adults with advanced non-small cell lung cancer (NSCLC) whose tumours have an activating HER2 (ERBB2) mutation, following platinum-based chemotherapy without immunotherapy

No adequate data are available to allow an assessment of the additional benefit.

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	n.a.	There are no assessable data.
Morbidity	n.a.	There are no assessable data.
Health-related quality of life	n.a.	There are no assessable data.
Side effects	n.a.	There are no assessable data.
Explanations: ↑: statistically significant and relevant positive effect with low/unclear reliability of data ↓: statistically significant and relevant negative effect with low/unclear reliability of data ↑↑: statistically significant and relevant positive effect with high reliability of data ↓↓: statistically significant and relevant negative effect with high reliability of data ↔: no statistically significant or relevant difference ∅: No data available. n.a.: not assessable		

b) Adults with advanced non-small cell lung cancer (NSCLC) whose tumours have an activating HER2 (ERBB2) mutation after prior treatment with a PD-1/PD-L1 antibody in combination with platinum-containing chemotherapy or after sequential therapy with a PD-1/PD-L1 antibody and platinum-containing chemotherapy

No adequate data are available to allow an assessment of the additional benefit.

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Side effects	n.a.	There are no assessable data.
Explanations: ↑: statistically significant and relevant positive effect with low/unclear reliability of data ↓: statistically significant and relevant negative effect with low/unclear reliability of data ↑↑: statistically significant and relevant positive effect with high reliability of data ↓↓: statistically significant and relevant negative effect with high reliability of data ↔: no statistically significant or relevant difference ∅: No data available. n.a.: not assessable		

1 Data from IQWiG's dossier assessment (A23-115).

2. Number of patients or demarcation of patient groups eligible for treatment

a) Adults with advanced non-small cell lung cancer (NSCLC) whose tumours have an activating HER2 (ERBB2) mutation, following platinum-based chemotherapy without immunotherapy

approx. 9-25 patients

b) Adults with advanced non-small cell lung cancer (NSCLC) whose tumours have an activating HER2 (ERBB2) mutation after prior treatment with a PD-1/PD-L1 antibody in combination with platinum-containing chemotherapy or after sequential therapy with a PD-1/PD-L1 antibody and platinum-containing chemotherapy

approx. 66-194 patients

3. Requirements for a quality-assured application

The requirements in the product information are to be taken into account. The European Medicines Agency (EMA) provides the contents of the product information (summary of product characteristics, SmPC) for Enhertu (active ingredient: trastuzumab deruxtecan) at the following publicly accessible link (last access: 3 April 2024):

https://www.ema.europa.eu/en/documents/product-information/ enhertu-epar-product-information_en.pdf

Treatment with trastuzumab deruxtecan should only be initiated and monitored by specialists in internal medicine, haematology and oncology who are experienced in the treatment of patients with non-small cell lung cancer, as well as specialists in internal medicine and pulmonology or specialists in pulmonary medicine and other doctors from specialist groups participating in the Oncology Agreement.

This medicinal product received a conditional marketing authorisation. This means that further evidence of the benefit of the medicinal product is anticipated. The European Medicines Agency will evaluate new information on this medicinal product at a minimum once per year and update the product information where necessary.

In accordance with the European Medicines Agency (EMA) requirements regarding additional risk minimisation measures, the pharmaceutical company must provide training material that contains information for medical professionals and patients (incl. patient identification card).

In particular, the training material contains information and warnings on important risks of interstitial lung disease and pneumonitis associated with the use of trastuzumab deruxtecan.

4. Treatment costs

Annual treatment costs:

a) Adults with advanced non-small cell lung cancer (NSCLC) whose tumours have an activating HER2 (ERBB2) mutation, following platinum-based chemotherapy without immunotherapy

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Trastuzumab deruxtecan	€ 197,459.55
Appropriate comparator therapy:	
Docetaxel (only for patients with PD-L1 negative tumours)	
Docetaxel	€ 8,523.22
Pemetrexed (only for patients with PD-L1 negative tumours and except in cases of predominantly squamous histology)	
Pemetrexed	€ 18,764.86
Additionally required SHI services	€ 131.11 - € 182.61
Nivolumab	
Nivolumab	€ 76,207.30
Pembrolizumab (only for patients with PD-L1 expressing tumours, Tumour Proportion Score (TPS) ≥ 1%)	
Pembrolizumab	€ 97,656.46
Atezolizumab	
Atezolizumab	€ 67,767.78 - € 71,591.78
Docetaxel in combination with nintedanib (only for patients with PD-L1 negative tumours and adenocarcinoma histology)	
Docetaxel	€ 8,523.22
Nintedanib	€ 32,007.88
Total	€ 40,531.10

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 April 2024)

Other SHI benefits:

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient year	Costs/ patient year
Medicinal product to be assessed					
Trastuzumab deruxtecan	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 100	1	17.4	€ 1,740
Appropriate comparator therapy					
Atezolizumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	13.0 - 26.1	€ 1,300 - € 2,610
Docetaxel (monotherapy or combination therapy)	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 100	1	17.4	€ 1,740
Nivolumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	26.1	€ 2,610
Pembrolizumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	8.7 - 17.4	€ 870 - € 1,740
Pemetrexed	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 100	1	17.4	€ 1,740

b) Adults with advanced non-small cell lung cancer (NSCLC) whose tumours have an activating HER2 (ERBB2) mutation after prior treatment with a PD-1/PD-L1 antibody in combination with platinum-containing chemotherapy or after sequential therapy with a PD-1/PD-L1 antibody and platinum-containing chemotherapy

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Trastuzumab deruxtecan	€ 197,459.55
Appropriate comparator therapy:	
Docetaxel	
Docetaxel	€ 8,523.22
Docetaxel in combination with nintedanib (only for patients with PD-L1 negative tumours and adenocarcinoma histology)	
Docetaxel	€ 8,523.22
Nintedanib	€ 32,007.88
Total	€ 40,531.10
Docetaxel in combination with ramucirumab	
Docetaxel	€ 8,523.22
Ramucirumab	€ 56,836.93
Total	€ 65,360.14
Pemetrexed (except for patients with predominantly squamous histology)	
Pemetrexed	€ 18,764.86
Additionally required SHI services	€ 131.11 - € 182.61
Vinorelbine (only for patients who are unsuitable for docetaxel)	
Vinorelbine	€ 7,062.10 - € 8,513.56

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 April 2024)

Other SHI benefits:

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient year	Costs/ patient year
Medicinal product to be assessed					
Trastuzumab deruxtecan	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 100	1	17.4	€ 1,740
Appropriate comparator therapy:					
Docetaxel (monotherapy or combination therapy)	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 100	1	17.4	€ 1,740
Pemetrexed	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 100	1	17.4	€ 1,740
Ramucirumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	17.4	€ 1,740
Vinorelbine	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 100	1	52.1	€ 5,210

5. Designation of medicinal products with new active ingredients according to Section 35a, paragraph 3, sentence 4 SGB V that can be used in a combination therapy with the assessed medicinal product

In the context of the designation of medicinal products with new active ingredients pursuant to Section 35a, paragraph 3, sentence 4 SGB V, the following findings are made:

a) Adults with advanced non-small cell lung cancer (NSCLC) whose tumours have an activating HER2 (ERBB2) mutation, following platinum-based chemotherapy without immunotherapy

- No designation of medicinal products with new active ingredients that can be used in combination therapy pursuant to Section 35a, paragraph 3, sentence 4 SGB V, as the active ingredient to be assessed is an active ingredient authorised in monotherapy.

b) Adults with advanced non-small cell lung cancer (NSCLC) whose tumours have an activating HER2 (ERBB2) mutation after prior treatment with a PD-1/PD-L1 antibody in combination with platinum-containing chemotherapy or after sequential therapy with a PD-1/PD-L1 antibody and platinum-containing chemotherapy

- No designation of medicinal products with new active ingredients that can be used in combination therapy pursuant to Section 35a, paragraph 3, sentence 4 SGB V, as the active ingredient to be assessed is an active ingredient authorised in monotherapy.

The designation of combinations exclusively serves the implementation of the combination discount according to Section 130e SGB V between health insurance funds and pharmaceutical companies. The findings made neither restrict the scope of treatment required to fulfil the medical treatment mandate, nor do they make statements about expediency or economic feasibility.

II. The resolution will enter into force on the day of its publication on the website of the G-BA on 16 May 2024.

The justification to this resolution will be published on the website of the G-BA at www.g-ba.de.

Berlin, 16 May 2024

Federal Joint Committee (G-BA)
in accordance with Section 91 SGB V
The Chair

Prof. Hecken