

**Nivolumab** (new therapeutic indication: melanoma, adjuvant treatment, adolescents  $\geq 12$  to 18 years, monotherapy)

Resolution of: 21 December 2023  
Entry into force on: 21 December 2023  
Federal Gazette, BAnz AT 13 02 2024 B7

valid until: unlimited

**New therapeutic indication (according to the marketing authorisation of 31 May 2023):**

Opdivo as monotherapy is indicated for the adjuvant treatment of adults and adolescents 12 years of age and older with melanoma with involvement of lymph nodes or metastatic disease who have undergone complete resection.

**Therapeutic indication of the resolution (resolution of 21 December 2023):**

Nivolumab as monotherapy is indicated for the adjuvant treatment of adolescents 12 years of age and older with melanoma with involvement of lymph nodes or metastatic disease who have undergone complete resection.

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

Adolescents 12 years and older with melanoma with involvement of lymph nodes or metastatic disease who have undergone complete resection, adjuvant treatment

**Appropriate comparator therapy:**

- Pembrolizumab (monotherapy)

**Extent and probability of the additional benefit of nivolumab compared to the appropriate comparator therapy:**

An additional benefit is not proven.

**Study results according to endpoints:<sup>1</sup>**

Adolescents 12 years and older with melanoma with involvement of lymph nodes or metastatic disease who have undergone complete resection, adjuvant treatment

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

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<sup>1</sup> Data from the dossier assessment of the Institute for Quality and Efficiency in Health Care (IQWiG) (A23-59) unless otherwise indicated.

### Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	∅	No data available.
Morbidity	∅	No data available.
Health-related quality of life	∅	No data available.
Side effects	∅	No data available.
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		

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

Adolescents 12 years and older with melanoma with involvement of lymph nodes or metastatic disease who have undergone complete resection, adjuvant treatment

approx. 1 - 4 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 Opdivo (active ingredient: nivolumab) at the following publicly accessible link (last access: 8 December 2023):

[https://www.ema.europa.eu/en/documents/product-information/opdivo-epar-product-information\\_en.pdf](https://www.ema.europa.eu/en/documents/product-information/opdivo-epar-product-information_en.pdf)

Treatment with nivolumab should only be initiated and monitored by specialists in internal medicine, haematology, and oncology who are experienced in the treatment of patients with melanoma, as well as specialists in skin and sexually transmitted diseases, and specialists in paediatrics and adolescent medicine with specialisation in paediatric haematology and oncology, and other specialists participating in the Oncology Agreement.

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).

The training material contains, in particular, information and warnings about immune-mediated side effects as well as infusion-related reactions.

#### 4. Treatment costs

##### Annual treatment costs:

Adolescents 12 years and older with melanoma with involvement of lymph nodes or metastatic disease who have undergone complete resection, adjuvant treatment

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Nivolumab	€ 45,552.39 - € 72,755.80
Appropriate comparator therapy:	
Pembrolizumab	€ 45,682.74 - € 91,365.48

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 December 2023

Costs for additionally required SHI services: not applicable

##### Other SHI services:

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Nivolumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	13 - 26	€ 1,300 - € 2,600
Pembrolizumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	17	€ 1,700

**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:

Adolescents 12 years and older with melanoma with involvement of lymph nodes or metastatic disease who have undergone complete resection, adjuvant treatment

- 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.