Resolution



of the Federal Joint Committee (G-BA) on an Amendment of the Pharmaceuticals Directive (AM-RL):

Annex XII – Benefit Assessment of Medicinal Products with New Active Ingredients According to Section 35a SGB V Brigatinib (New Therapeutic Indication: NSCLC, ALK+, ALK-inhibitor-naïve patients)

of 15 October 2020

At its session on 15 October 2020 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 on DD Month YYYY (Federal Gazette, BAnz AT DD MM YYYY BX), as follows:

I. In Annex XII, the following information shall be added after No. 4 to the information on the benefit assessment of brigatinib possibly in accordance with the resolution of 4 July 2019:

Brigatinib

Resolution of: 15 October 2020 Entry into force on: 15 October 2020

Federal Gazette, BAnz AT DD MM YYYY Bx

New therapeutic indication (according to the marketing authorisation of 1 April 2020):

Alunbrig is indicated as monotherapy for the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC) previously not treated with an ALK inhibitor.

- 1. Additional benefit of the medicinal product in relation to the appropriate comparator therapy
- a) Adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC) with brain metastases previously not treated with an ALK inhibitor:

Appropriate comparator therapy:

Crizotinib

or

Alectinib

Extent and probability of the additional benefit of brigatinib compared with crizotinib:

Hint for a considerable additional benefit

b) <u>Adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC) without brain metastases previously not treated with an ALK inhibitor:</u>

Appropriate comparator therapy:

Crizotinib

or

Alectinib

Extent and probability of the additional benefit of brigatinib compared with crizotinib:

Hint for a minor additional benefit

Study results according to endpoints:

- a) Adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC) with brain metastases previously not treated with an ALK inhibitor
 and
- b) Adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC) without brain metastases previously not treated with an ALK inhibitor:

ALTA-1L study: Brigatinib vs crizotinib^{1,2}

Mortality

Endpoint		Brigatinib	Crizotinib		Intervention vs control
	N	Median time to event in months [95% CI]	N	Median time to event in months [95% CI]	HR [95% CI] p value Absolute
		Patients with event n (%)		Patients with event n (%)	difference (AD) ^a
Overall survival					
	137	n.a. [no data available] 33 (24.1)	138	n.a. [no data available] 37 (26.8)	0.91 [0.57; 1.47] 0.771
Effect modification	n was I	by the characteristic "b	rain m	etastases at the start of	of study"
Presence of bra	in meta	astases at the start of	study		
	41	n.a. [28.1; n.a.] 10 (24.4)	40	n.a. [18.5; n.a.] 18 (45.0)	0.45 [0.21; 0.99] 0.046
No presence of	brain n	netastases at the start	of stu	dy	
	96	n.a. 23 (24.0)	98	n.a. 19 (19.4)	1.41 [0.77; 2.60] 0.272
Total				Interaction:	0.024

¹ Data from the dossier assessment of the IQWiG (A20-42) and the addendum (A20-85-XX) unless otherwise indicated.

² Data cut-off of 28 June 2019

Morbidity

Endpoint		Brigatinib		Crizotinib	Intervention vs control
	N	Median time to event in months [95% CI]	N	Median time to event in months [95% CI]	HR [95% CI] p value
		Patients with event n (%)		Patients with event n (%)	Absolute difference (AD) ^a
Progression-free	survi	val (PFS) ^b			
	137	24.0 [18.5; n.c.] ^c 63 (46.0)	138	11.00 [9.2; 12.9] ^c 87 (63.0)	0.48 [0.35; 0.68] < 0.0001 13.0 months
Time to CNS pro	gressi	on (presented addition	onally)	
Without censoring	becaus	se of progression outsid	e the C	CNS d,e	
	137	32.29 [no data available] 30 (21.9)	138	n.a. 42 (30.4)	0.34 [0.21; 0.56] < 0.001
With censoring bed	cause c	of progression outside the	ne CNS	S e	
	137	no data available	138	no data available	0.30 [0.17; 0.53]
		22 (16.1)		36 (26.1)	< 0.001
Disease sympton	matolo	gy – time to first det	eriorat	tion ^f	
Symptom scales	of the	EORTC QLQ-C30			
Fatigue	131	15.6 [7.5; n.a.] 66 (50.4)	131	4.8 [3.3; 8.6] 83 (63.4)	0.67 [0.48; 0.93] 0.013 10.8 months
Nausea and vomiting	131	12.0 [4.0; n.a.] 67 (51.1)	131	2.8 [1.9; 5.6] 92 (70.2)	0.55 [0.40; 0.76] < 0.001 9.2 months
Pain	131	12.1 [6.4; 23.2] 69 (52.7)	131	8.1 [5.7; 11.6] 75 (57.3)	0.82 [0.59; 1.15] 0.301
Dyspnoea	131	28.6 [10.2; n.a.] 58 (44.3)	131	16.8 [10.2; n.a.] 53 (40.5)	0.98 [0.67; 1.43] 0.839
Insomnia	131	n.a. [18.6; n.a.] 52 (39.7)	131	22.1 [12.7; n.a.] 48 (36.6)	0.91 [0.61; 1.35] 0.736

Loss of appetite	131	n.a. [17.5; n.a.]	131	9.2 [6.3; 24.9]	0.62 [0.43; 0.90]
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Endpoint		Brigatinib		Crizotinib	Intervention vs control
	N	Median time to event in months [95% CI]	N	Median time to event in months [95% CI]	HR [95% CI] p value
		Patients with event n (%)		Patients with event n (%)	Absolute difference (AD) ^a
		52 (39.7)		63 (48.1)	0.009
Constipation	131	12.0 [6.5; n.a.] 65 (49.6)	131	2.8 [1.9; 3.9] 84 (64.1)	0.52 [0.38; 0.73] < 0.001 9.2 months
Diarrhoea	131	2.1 [1.9; 3.8] 91 (69.5)	131	2.8 [1.9; 3.8] 90 (68.7)	1.00 [0.75; 1.34] 0.968
Symptom scales	of the	EORTC QLQ-LC13 9	I		
Dyspnoea	63	24.0 [7.4; n.a.] 27 (42.9)	78	8.3 [4.5; 19.3] 42 (53.8)	0.64 [0.39; 1.05] 0.076
Pain (chest)	63	n.a. [15.8; n.a.] 23 (36.5)	78	13.9 [7.7; n.a.] 31 (39.7)	0.77 [0.44; 1.32] 0.307
Pain (arm/shoulder)	63	n.a. [13.9; n.a.] 21 (33.3)	78	12.1 [6.5; 16.7] 38 (48.7)	0.51 [0.30; 0.88] 0.011
Pain (other)	63	15.9 [2.9; n.a.] 29 (46.0)	78	11.5 [4.7; 27.8] 37 (47.4)	0.88 [0.54; 1.45] 0.620
Coughing	63	n.a. [7.4: n.a.] 25 (39.7)	78	24.2 [11.8; n.a.] 29 (37.2)	0.97 [0.57; 1.67] 0.971
Haemoptysis	63	n.a. 8 (12.7)	78	n.a. 6 (7.7)	1.45 [0.50; 4.20] 0.507
Alopecia	63	n.a. [18.5; n.a.] 19 (30.2)	78	n.a. [9.5; n.a.] 25 (32.1)	0.76 [0.42; 1.39] 0.452
Dysphagia	63	24.9 [12.9; n.a.] 26 (41.3)	78	22.1 [13.9; n.a.] 27 (34.6)	0.98 [0.57; 1.69] 0.873

32 (50.8) 35 (44.9) 0.624

Endpoint	Brigatinib		Crizotinib		Intervention vs control
	N	Median time to event in months [95% CI] Patients with event n (%)	N	Median time to event in months [95% CI] Patients with event n (%)	HR [95% CI] p value Absolute difference (AD) ^a
Peripheral neuropathy	63	n.a. [8.3; n.a.] 24 (38.1)	78	7.4 [3.7; 14.8] 43 (55.1)	0.53 [0.32; 0.89] 0.017

Health-related quality of life

Endpoint		Brigatinib		Crizotinib	Intervention vs control
	N	Median time to event in months [95% CI]	N	Median time to event in months [95% CI]	HR [95% CI] p value
		Patients with event n (%)		Patients with event n (%)	Absolute difference (AD) ^a
Health-related qu	uality o	of life – time to first d	eterio	ration ^h	
Global health sta	atus ar	nd functional scales	of the	EORTC QLQ-C30	
Global health status	131	26.7 [8.3; n.a.] 57 (43.5)	131	8.3 [5.7; 13.5] 70 (53.4)	0.70 [0.49; 1.00] 0.049 18.4 months
Physical functioning	131	n.a. [13.9; n.a.] 55 (42.0)	131	10.3 [6.5; 17.5] 67 (51.1)	0.67 [0.47; 0.97] 0.051
Role functioning	131	10.2 [4.3; 21.2] 72 (55.0)	131	6.5 [3.9; 9.5] 77 (58.8)	0.84 [0.61; 1.17] 0.356
Emotional functioning	131	n.a. [22.2; n.a.] 48 (36.6)	131	10.1 [7.6; 14.8] 68 (51.9)	0.56 [0.38; 0.81] 0.002
Cognitive functioning	131	9.3 [4.7; 16.2] 76 (58.0)	131	4.5 [3.4; 8.3] 83 (63.4)	0.75 [0.54; 1.02] 0.066
Social functioning	131	27.7 [14.3; n.a.] 58 (44.3)	131	4.8 [2.9; 12.7] 74 (56.5)	0.59 [0.42; 0.85] 0.004 22.9 months

Side effects

Endpoint		Brigatinib		Crizotinib	Intervention vs control
	N	Median time to event in months [95% CI]	N	Median time to event in months [95% CI]	HR [95% CI] p value
		Patients with event n (%)		Patients with event n (%)	Absolute difference (AD) ^a
Side effects i					
Adverse events (A	E) (pr	esented additionally)			
	136	0.2 [0.1; 0.3] 135 (99.3)	137	0.03 [0.03; 0.07] 137 (100)	-
Serious adverse e	vents	(SAE)			
	136	n.a. 45 (33.1)	137	n.a. [27.6.; n.a.] 51 (37.2)	0.68 [0.44; 1.06] 0.079
Severe adverse ev	ents (CTCAE grade ≥ 3)			
	136	5.1 [2.8; 8.4] 99 (72.8)	137	6.5 [4.0; 12.1] 84 (61.3)	1.25 [0.94; 1.68] 0.139
Discontinuation b	ecaus	e of AE			
	136	n.a. 17 (12.5)	137	n.a. 12 (8.8)	1.42 [0.68; 2.99] 0.297
Specific adverse	events				
Eye disorders (SOC, AEs)	136	n.a. 22 (16.2)	137	2.8 [0.4; n.a.] 75 (54.7)	0.19 [0.12; 0.32] < 0.001
Gastrointestinal disorders (SOC, AEs)	136	1.0 [0.7; 2.0] 104 (76.5)	137	0.1 [0.1; 0.2] 121 (88.3)	0.50 [0.38; 0.66] < 0.001 0.9 months
Skin and subcutaneous tissue disorders (SOC, AEs)	136	8.0 [5.5; 15.4] 73 (53.7)	137	n.a. 42 (30.7)	2.07 [1.42; 3.05] < 0.001
Peripheral oedema (PT, AEs)	136	n.a. 9 (6.6)	137	17.9 [9.7; n.a.] 61 (44.5)	0.10 [0.05; 0.22] < 0.001

Endpoint		Brigatinib		Crizotinib	Intervention vs control
	N	Median time to event in months [95% CI]	N	Median time to event in months [95% CI]	HR [95% CI] p value
		Patients with event n (%)		Patients with event n (%)	Absolute difference (AD) ^a
Creatine phosphokinase increased (PT, severe AE with CTCAE grade ≥ 3)	136	n.a. 33 (24.3)	137	n.a. 2 (1.5)	18.26 [4.38; 76.13] < 0.001
High blood pressure (PT, severe AE (CTCAE grade ≥ 3))	136	n.a. 16 (11.8)	137	n.a. 4 (2.9)	4.19 [1.40; 12.57] 0.007

- ^a Absolute difference (AD) given only in the case of a statistically significant difference; own calculation
- b Data from: Dossier on brigatinib Module 4B of 24 April 2020
- ^c Data from: European Medicines Agency. CHMP extension of indication variation assessment report: Alunbrig. 27 February 2020, page 38
- ^d For the following patients, even after progress outside the CNS, data concerning CNS progression were included in the analysis: 1. Patients who, after systemic progression under brigatinib, were able to continue their treatment according to the investigator's instructions, 2. Patients in both treatment arms who continued to be treated until notification of systemic progression (according to the blinded independent committee) when no progression was detected by the investigator, and 3. Patients in the crizotinib arm who received brigatinib as follow-up therapy after disease progression at the investigator's discretion but only up to the first dose of brigatinib
- ^e Incomplete follow-up (according to the study protocol, systematic follow-up was carried out only until the last administration of the study medication, until disease progression, or the start of a new systemic cancer therapy)
- f Defined as an increase of the score by ≥ 10 points compared with the start of study
- ⁹ Data from Addendum A20-85; survey started approx. 4 months after inclusion of the 1st patients (data for 134 patients (48.9%) not recorded)
- ^g Defined as a decrease of the score by ≥ 10 points compared with the start of study
- Events that are attributable to the progression of the underlying disease are also recorded as AEs

Abbreviations used:

AD = absolute difference; CTCAE = Common Terminology Criteria for Adverse Events; EORTC = European Organisation for Research and Treatment of Cancer; HR = Hazard Ratio; CI = confidence interval; N = number of patients evaluated; n = number of patients with (at least one) event; n.c. = not calculable; n.a. = not achieved; PT = preferred term; QLQ-C30 = Quality of Life Questionnaire Core 30; QLQ-LC13 = Quality of Life Questionnaire Lung Cancer 13; RCT = randomised controlled study; SOC = system organ class; SAE = serious adverse event; AE = adverse event; vs = versus; CNS = central nervous system

a) Adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC) with brain metastases previously not treated with an ALK inhibitor:

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ Risk of bias	Summary
Mortality	↑	Advantage in overall survival
Morbidity	↑	Advantages in the endpoints nausea and vomiting, constipation, fatigue, loss of appetite, pain (arm/shoulder) and peripheral neuropathy
Health-related quality of life	↑	Advantages in the endpoints global health status, emotional functioning, and social functioning
Side effects	\leftrightarrow	No difference relevant for the benefit assessment

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
- Ø: There are no usable data for the benefit assessment.
- n.a.: not assessable
- b) Adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC) without brain metastases previously not treated with an ALK inhibitor:

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ Risk of bias	Summary
Mortality	\leftrightarrow	No difference relevant for the benefit assessment
Morbidity	<u> </u>	Advantages in the endpoints nausea and vomiting, constipation, fatigue, loss of appetite, pain (arm/shoulder) and peripheral neuropathy
Health-related quality of life	<u></u>	Advantages in the endpoints global health status, emotional functioning, and social functioning
Side effects	\leftrightarrow	No difference relevant for the benefit assessment

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
- Ø: There are no usable data for the benefit assessment.

n.a.: not assessable

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

a) Adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC) with brain metastases previously not treated with an ALK inhibitor

and

b) Adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC) without brain metastases previously not treated with an ALK inhibitor

together approx. 420-910 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 Alunbrig® (active ingredient: brigatinib) at the following publicly accessible link (last access: 28 July 2020):

https://www.ema.europa.eu/documents/product-information/alunbrig-epar-product-information_de.pdf

Treatment with brigatinib should only be initiated and monitored by specialists in internal medicine, haematology, and oncology, specialists in internal medicine and pneumology, specialists in pulmonary medicine, and specialists participating in the Oncology Agreement who are experienced in the treatment of patients with advanced bronchial carcinoma.

ALK verification

The ALK-positive NSCLC status should be known before initiating treatment with Alunbrig.

A validated ALK test is necessary to identify patients with ALK-positive NSCLC (see Section 5.1). The ALK-positive NSCLC status should be determined by laboratories with proven experience in the specific technique required.

4. Treatment costs

Annual treatment costs:

a) Adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer previously not treated with an ALK inhibitor

Designation of the therapy	Annual treatment costs/patient			
Medicinal product to be assessed:				
Brigatinib	€65,322.09			
Appropriate comparator therapy:				
Crizotinib	€64,329.91			
Alectinib	€71,515.75			

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 September 2020

Costs for additionally required SHI services: not applicable

b) <u>Adult patients with an aplastic lymphoma kinase (ALK)-positive advanced non-small cell lung</u> cancer (NSCLC) without brain metastases previously not treated with an ALK inhibitor

Designation of the therapy	Annual treatment costs/patient
Medicinal product to be assessed:	
Brigatinib	€65,322.09
Appropriate comparator therapy:	
Crizotinib	€64,329.91
Alectinib	€71,515.75

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 September 2020

Costs for additionally required SHI services: not applicable

II. The resolution will enter into force with effect from the day of its publication on the internet on the website of the G-BA on 15 October 2020.

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

Berlin, 15 October 2020

Federal Joint Committee in accordance with Section 91 SGB V The Chair

Prof. Hecken