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 and Annex XIIa – Combinations of Medicinal Products with New Active Ingredients according to Section 35a SGB V
Encorafenib (new therapeutic indication: non-small cell lung cancer, advanced, BRAF V600E mutation, combination with binimetinib)

of 20 March 2025

At its session on 20 March 2025, 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. 4 to the information on the benefit assessment of Encorafenib in accordance with the resolution of 22 March 2019:

Encorafenib

Resolution of: 20 March 2025
Entry into force on: 20 March 2025
Federal Gazette, BAnz AT DD. MM YYYY Bx

New therapeutic indication (according to the marketing authorisation of 29 August 2024):

Encorafenib in combination with binimetinib is indicated for the treatment of adult patients with advanced non-small cell lung cancer with a BRAF V600E mutation.

Therapeutic indication of the resolution (resolution of 20 March 2025):

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) with PD-L1 expression ≥ 50% and a BRAF V600E mutation; first-line therapy

Appropriate comparator therapy for encorafenib in combination with binimetinib:

- Dabrafenib in combination with trametinib

  or

- pembrolizumab as monotherapy

  or

- atezolizumab as monotherapy

  or

- cemiplimab as monotherapy

  or

- nivolumab in combination with ipilimumab and 2 cycles of platinum-based chemotherapy (only for patients with ECOG-PS 0-1)

  or

- pembrolizumab in combination with pemetrexed and platinum-containing chemotherapy (only for patients without ECOG-PS 0-1)

  or

- atezolizumab in combination with bevacizumab, paclitaxel and carboplatin (only for patients with ECOG-PS 0-1)
- atezolizumab in combination with nab-paclitaxel and carboplatin (only for patients with ECOG-PS 0-1)

- cemiplimab in combination with platinum-based chemotherapy (only for patients with ECOG-PS 0-1)
- durvalumab in combination with tremelimumab and platinum-based chemotherapy (only for patients with ECOG-PS 0-1)

Extent and probability of the additional benefit of encorafenib in combination with binimetinib compared to the appropriate comparator therapy:

An additional benefit is not proven.

b) Adults with advanced non-small cell lung cancer (NSCLC) with PD-L1 expression < 50% and a BRAF V600E mutation; first-line therapy

Appropriate comparator therapy for encorafenib in combination with binimetinib:

- Dabrafenib in combination with trametinib

  or

- pembrolizumab in combination with pemetrexed and platinum-containing chemotherapy (only for patients without ECOG-PS 0-1)

  or

- atezolizumab as monotherapy (only for patients with PD-L1 expression ≥ 10% in tumour-infiltrating immune cells)

  or

- atezolizumab in combination with bevacizumab, paclitaxel and carboplatin (only for patients with ECOG-PS 0-1)

  or

- atezolizumab in combination with nab-paclitaxel and carboplatin (only for patients with ECOG-PS 0-1)

  or

- nivolumab in combination with ipilimumab and 2 cycles of platinum-based chemotherapy (only for patients with ECOG-PS 0-1)
- cemiplimab in combination with platinum-based chemotherapy (only for patients with ECOG-PS 0-1)
- durvalumab in combination with tremelimumab and platinum-based chemotherapy (only for patients with ECOG-PS 0-1)

Extent and probability of the additional benefit of encorafenib in combination with binimetinib compared to the appropriate comparator therapy:

An additional benefit is not proven.

c) Adults with advanced non-small cell lung cancer (NSCLC) with a BRAF V600E mutation; after first-line therapy

Appropriate comparator therapy for encorafenib in combination with binimetinib:

– Dabrafenib in combination with trametinib

Extent and probability of the additional benefit of encorafenib in combination with binimetinib 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) with PD-L1 expression ≥ 50% and a BRAF V600E mutation; first-line therapy

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) with PD-L1 expression < 50% and a BRAF V600E mutation; first-line therapy

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		

[1] Data from the dossier assessment of the Institute for Quality and Efficiency in Health Care (IQWiG) (A24-100) unless otherwise indicated.

↓: 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

c) Adults with advanced non-small cell lung cancer (NSCLC) with a BRAF V600E mutation; after first-line therapy

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

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

a) Adults with advanced non-small cell lung cancer (NSCLC) with PD-L1 expression ≥ 50% and a BRAF V600E mutation; first-line therapy

Approx. 31 - 102 patients

b) Adults with advanced non-small cell lung cancer (NSCLC) with PD-L1 expression < 50% and a BRAF V600E mutation; first-line therapy

Approx. 90 - 251 patients

c) Adults with advanced non-small cell lung cancer (NSCLC) with a BRAF V600E mutation; after first-line therapy

Approx. 1 - 123 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 Braftovi (active ingredient: encorafenib) at the following publicly accessible link (last access: 2 December 2024):

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

Treatment with encorafenib 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 pulmonary medicine and other doctors from specialist groups participating in the Oncology Agreement.

If the use of encorafenib in combination with binimetinib is being considered, the BRAF V600E mutation must be determined using a validated test procedure.

4. Treatment costs

Annual treatment costs:

The costs for the first year of treatment are shown for the cost representation in the resolution.

a) Adults with advanced non-small cell lung cancer (NSCLC) with PD-L1 expression ≥ 50% and a BRAF V600E mutation; first-line therapy

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Encorafenib + binimetinib	
Binimetinib	€ 37,647.79
Encorafenib	€ 81,256.95
Total	€ 118,904.74
Appropriate comparator therapy:	
Monotherapies with immune checkpoint inhibitors	
Atezolizumab	€ 67,771.78
Cemiplimab	€ 71,009.05
Pembrolizumab	€ 90,059.96
Dabrafenib + trametinib	
Dabrafenib	€ 70,934.34
Trametinib	€ 53,117.84
Total	€ 124,052.18
Nivolumab + ipilimumab + 2 cycles of platinum-based chemotherapy	

Designation of the therapy	Annual treatment costs/ patient
(only for patients with ECOG-PS 0-1)[2]	
Nivolumab	€ 76,219.31
Ipilimumab	€ 57,271.75
Cisplatin	€ 231.86
Carboplatin	€ 1,003.02
Pemetrexed	€ 2,140.40
Nivolumab + ipilimumab + cisplatin + pemetrexed	
Total	€ 135,863.32
Additionally required SHI costs	€ 133.08 - € 150.71
Nivolumab + ipilimumab + carboplatin + pemetrexed	
Total	€ 136,634.48
Additionally required SHI costs	€ 36.53 - € 43.37
Atezolizumab + bevacizumab + paclitaxel + carboplatin (only for patients with ECOG-PS 0-1)	
Induction therapy (4 – 6 cycles)	
Atezolizumab	€ 15,579.72 - € 23,369.58
Bevacizumab (7.5 mg/kg or 15.5 mg/kg)	€ 4,450.16 - € 6,675.24 or € 8,785.68 - € 13,178.52
Paclitaxel	€ 3825.52 - € 5738.28
Carboplatin	€ 2006.04 - € 3009.06
Additionally required SHI costs	€ 83.18 - € 139.93
Maintenance treatment	
Atezolizumab	€ 52,192.06 - € 44,402.20
Bevacizumab (7.5 mg/kg or 15.5 mg/kg)	€ 14,908.04 - € 12,682.96 or € 29,432.03 - € 25,039.19
Total *(Cost range taking into account the number of induction cycles and bevacizumab dosing regimens)*	<u>Combination with 7.5 mg/kg bevacizumab:</u> € 92,961.54 - € 95,877.32 (4 - 6 induction cycles) or <u>Combination with 15 mg/kg bevacizumab:</u> € 111,821.05 - € 114,736.83 (4 - 6 induction cycles)
Additionally required SHI costs	€ 82.95 - € 139.47

[2] *Paclitaxel is not considered here as a concomitant active ingredient, as tumours with BRAF V600E mutation are histologically predominantly adenocarcinomas and this combination with paclitaxel is explicitly indicated in patients with squamous cell tumour histology.*

Designation of the therapy	Annual treatment costs/ patient
Atezolizumab + carboplatin + nab-paclitaxel (only for patients with ECOG-PS 0-1)	
Induction therapy	
Atezolizumab	€ 15,579.72 - € 23,369.58
Carboplatin	€ 2,006.04 – 3,009.06
nab-paclitaxel	€ 9,786.00 - € 14,679.00
Maintenance treatment	
Atezolizumab	€ 52,192.06 - € 44,402.20
Total	€ 79,563.82 - € 85,459.84
Pembrolizumab + pemetrexed + platinum-containing chemotherapy (only for patients with ECOG-PS 0-1)	
Pembrolizumab	€ 90,059.96
Pemetrexed	€ 18,621.48
Cisplatin	€ 2,017.18
Carboplatin	€ 8,726.27
Pembrolizumab + pemetrexed + carboplatin	
Total	€ 11,7407.7
Additionally required SHI costs	€ 121.05 - € 162.66
Pembrolizumab + pemetrexed + cisplatin	
Total	€ 11,0698.6
Additionally required SHI costs	€ 551.29 - € 669.88
Cemiplimab in combination with platinum-based chemotherapy (only for patients with ECOG-PS 0-1)	
Cemiplimab	€ 71,009.05
+ carboplatin + pemetrexed	
Carboplatin	€ 8,726.27
Pemetrexed	€ 18,621.48
Total (cemiplimab + carboplatin + pemetrexed)	€ 98,356.80
Additionally required SHI costs	€ 121.05 - € 162.66
+ cisplatin + pemetrexed	
Cisplatin	€ 2,017.18
Pemetrexed	€ 18,621.48
Total (cemiplimab + cisplatin + pemetrexed)	€ 91,647.71
Additionally required SHI costs	€ 551.29 - € 669.88
+ carboplatin + paclitaxel	
Carboplatin	€ 8,726.27

Designation of the therapy	Annual treatment costs/ patient
Paclitaxel	€ 18,953.12
Total (cemiplimab + carboplatin + paclitaxel)	€ 98,688.44
Additionally required SHI costs	€ 264.31
+ cisplatin + paclitaxel	
Cisplatin	€ 2,286.18
Paclitaxel	€ 18,953.12
Total (cemiplimab + cisplatin + paclitaxel)	€ 92,248.35
Additionally required SHI costs	€ 694.55 - € 771.53
Durvalumab in combination with tremelimumab and platinum-based chemotherapy (only for patients with ECOG-PS 0-1)	
Durvalumab	€ 23,837.76
Tremelimumab	€ 20,157.84
Total (durvalumab + tremelimumab; induction phase)	€ 43,995.60
+ carboplatin + pemetrexed (induction phase)	
Carboplatin	€ 2,006.04
Pemetrexed	€ 4,280.80
Total (durvalumab + tremelimumab + carboplatin + pemetrexed)	€ 50,282.44
Additionally required SHI costs	€ 28.28 - € 37.85
+ cisplatin + pemetrexed (induction phase)	
Cisplatin	€ 463.72
Pemetrexed	€ 4,280.80
Total (durvalumab + tremelimumab + cisplatin + pemetrexed)	€ 48,740.12
Additionally required SHI costs	€ 157.41 - € 177.77
+ carboplatin + nab-paclitaxel (induction phase)	
Carboplatin	€ 2,006.04
nab-paclitaxel	€ 9,786.00
Total (durvalumab + tremelimumab + carboplatin + nab-paclitaxel)	€ 53,781.60
Antibody maintenance treatment including histology-based maintenance treatment with pemetrexed	
Durvalumab	€ 59,594.40

Designation of the therapy	Annual treatment costs/ patient
Single dose of tremelimumab	€ 5,039.46
Pemetrexed	€ 10,702.00
Total (durvalumab + tremelimumab + pemetrexed; maintenance phase)	€ 75,335.86
Additionally required SHI costs	€ 551.29 - € 669.88

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 March 2025)

Other SHI services:

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Appropriate comparator therapy					
Monotherapies					
Atezolizumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	8.7 - 17.4	€ 870 - € 1,740
Cemiplimab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	17.4	€ 1,740
Pembrolizumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	8.7 or 17.4	€ 870 or € 1,740
Nivolumab + ipilimumab + 2 cycles of platinum-based chemotherapy (only for patients with ECOG-PS 0-1)					
Nivolumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	17.4	€ 1,740
Ipilimumab	Surcharge for the preparation of a	€ 100	1	8.7	€ 870

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
	parenteral solution containing monoclonal antibodies				
Cisplatin	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	2	€ 200
Carboplatin	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	2	€ 200
Pemetrexed	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	2	€ 200
Atezolizumab + bevacizumab + paclitaxel + carboplatin (only for patients with ECOG-PS 0-1)					
Atezolizumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	17.4	€ 1,740
Bevacizumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	17.4	€ 1,740
Paclitaxel	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	4 - 6	€ 400 - € 600
Carboplatin	Surcharge for production of a parenteral solution	€ 100	1	4 - 6	€ 400 - € 600

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
	containing cytostatic agents				
Atezolizumab + carboplatin + nab-paclitaxel (only for patients with ECOG-PS 0-1)					
Atezolizumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	17.4	€ 1,740
Carboplatin	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	4 - 6	€ 400 - € 600
nab-paclitaxel	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	3	12 - 18	€ 1,200 - € 1,800
Pembrolizumab + pemetrexed + platinum-containing chemotherapy (only for patients with ECOG-PS 0-1)					
Pembrolizumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	8.7 or 17.4	€ 870 or € 1,740
Pemetrexed	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	17.4	€ 1,740
Cisplatin	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	17.4	€ 1,740
Carboplatin	Surcharge for production of a parenteral solution	€ 100	1	17.4	€ 1,740

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
	containing cytostatic agents				
Cemiplimab in combination with platinum-based chemotherapy (only for patients with ECOG-PS 0-1)					
Cemiplimab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	17.4	€ 1,740
Carboplatin	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	17.4	€ 1,740
Cisplatin	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	17.4	€ 1,740
Paclitaxel	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	17.4	€ 1,740
Pemetrexed	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	17.4	€ 1,740
Durvalumab in combination with tremelimumab and platinum-based chemotherapy (only for patients with ECOG-PS 0-1)					
Induction					
Durvalumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	4.0	€ 400

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Tremelimumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	4.0	€ 400
Carboplatin	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	4.0	€ 400
Cisplatin	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	4.0	€ 400
Pemetrexed	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	4.0	€ 400
nab-paclitaxel	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	4.0	€ 400
Antibody maintenance treatment including histology-based maintenance treatment with pemetrexed					
Durvalumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	10.0	€ 1,000
Tremelimumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	1.0	€ 100
Pemetrexed	Surcharge for production of a	€ 100	1	10.0	€ 1,000

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
	parenteral solution containing cytostatic agents				

b) Adults with advanced non-small cell lung cancer (NSCLC) with PD-L1 expression < 50% and a BRAF V600E mutation; first-line therapy

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Encorafenib + binimetinib	
Binimetinib	€ 37,647.79
Encorafenib	€ 81,256.95
Total	€ 118,904.74
Appropriate comparator therapy:	
Monotherapy with immune checkpoint inhibitors	
Atezolizumab	€ 67,771.78
Dabrafenib + trametinib	
Dabrafenib	€ 70,934.34
Trametinib	€ 53,117.84
Total	€ 124,052.18
Nivolumab + ipilimumab + 2 cycles of platinum-based chemotherapy (only for patients with ECOG-PS 0-1)[3]	
Nivolumab	€ 76,219.31
Ipilimumab	€ 57,271.75
Cisplatin	€ 231.86
Carboplatin	€ 1,003.02
Pemetrexed	€ 2,140.40
Nivolumab + ipilimumab + cisplatin + pemetrexed	
Total	€ 135,863.32
Additionally required SHI costs	€ 133.08 - € 150.71
Nivolumab + ipilimumab + carboplatin + pemetrexed	
Total	€ 136,634.48
Additionally required SHI costs	€ 36.53 - € 43.37

[3] *Paclitaxel is not considered here as a concomitant active ingredient, as tumours with BRAF V600E mutation are histologically predominantly adenocarcinomas and this combination with paclitaxel is explicitly indicated in patients with squamous cell tumour histology.*

Designation of the therapy	Annual treatment costs/ patient
Atezolizumab + bevacizumab + paclitaxel + carboplatin (only for patients with ECOG-PS 0-1)	
Induction therapy (4 – 6 cycles)	
Atezolizumab	€ 15,579.72 - € 23,369.58
Bevacizumab (7.5 mg/kg or 15.5 mg/kg)	€ 4,450.16 - € 6,675.24 or € 8,785.68 - € 13,178.52
Paclitaxel	€ 3825.52 - € 5738.28
Carboplatin	€ 2006.04 - € 3009.06
Additionally required SHI costs	€ 83.18 - € 139.93
Maintenance treatment	
Atezolizumab	€ 52,192.06 - € 44,402.20
Bevacizumab (7.5 mg/kg or 15.5 mg/kg)	€ 14,908.04 - € 12,682.96 or € 29,432.03 - € 25,039.19
Total *(Cost range taking into account the number of induction cycles and bevacizumab dosing regimens)*	Combination with 7.5 mg/kg bevacizumab: € 92,961.54 - € 95,877.32 (4 - 6 induction cycles) or Combination with 15 mg/kg bevacizumab: € 111,821.05 - € 114,736.83 (4 - 6 induction cycles)
Additionally required SHI costs	€ 82.95 - € 139.47
Atezolizumab + carboplatin + nab-paclitaxel (only for patients with ECOG-PS 0-1)	
Induction therapy	
Atezolizumab	€ 15,579.72 - € 23,369.58
Carboplatin	€ 2,006.04 – 3,009.06
nab-paclitaxel	€ 9,786.00 - € 14,679.00
Maintenance treatment	
Atezolizumab	€ 52,192.06 - € 44,402.20
Total	€ 79,563.82 - € 85,459.84
Pembrolizumab + pemetrexed + platinum-containing chemotherapy (only for patients with ECOG-PS 0-1)	
Pembrolizumab	€ 90,059.96
Pemetrexed	€ 18,621.48
Cisplatin	€ 2,017.18
Carboplatin	€ 8,726.27

Designation of the therapy	Annual treatment costs/ patient
Pembrolizumab + pemetrexed + carboplatin	
Total	€ 11,7407.7
Additionally required SHI costs	€ 121.05 - € 162.66
Pembrolizumab + pemetrexed + cisplatin	
Total	€ 11,0698.6
Additionally required SHI costs	€ 551.29 - € 669.88
Cemiplimab in combination with platinum-based chemotherapy (only for patients with ECOG-PS 0-1)	
Cemiplimab	€ 71,009.05
+ carboplatin + pemetrexed	
Carboplatin	€ 8,726.27
Pemetrexed	€ 18,621.48
Total (cemiplimab + carboplatin + pemetrexed)	€ 98,356.80
Additionally required SHI costs	€ 121.05 - € 162.66
+ cisplatin + pemetrexed	
Cisplatin	€ 2,017.18
Pemetrexed	€ 18,621.48
Total (cemiplimab + cisplatin + pemetrexed)	€ 91,647.71
Additionally required SHI costs	€ 694.55 - € 771.53
+ carboplatin + paclitaxel	
Carboplatin	€ 8,726.27
Paclitaxel	€ 18,953.12
Total (cemiplimab + carboplatin + paclitaxel)	€ 98,688.44
Additionally required SHI costs	€ 263.51
+ cisplatin + paclitaxel	
Cisplatin	€ 2,286.18
Paclitaxel	€ 18,953.12
Total (cemiplimab + cisplatin + paclitaxel)	€ 92,248.35
Additionally required SHI costs	€ 694.55 - € 771.53
Durvalumab in combination with tremelimumab and platinum-based chemotherapy (only for patients with ECOG-PS 0-1)	
Durvalumab	€ 23,837.76
Tremelimumab	€ 20,157.84

Designation of the therapy	Annual treatment costs/ patient
Total (durvalumab + tremelimumab; induction phase)	€ 43,995.60
+ carboplatin + pemetrexed (induction phase)	
Carboplatin	€ 2,006.04
Pemetrexed	€ 4,280.80
Total (durvalumab + tremelimumab + carboplatin + pemetrexed)	€ 50,282.44
Additionally required SHI costs	€ 28.28 - € 37.85
+ cisplatin + pemetrexed (induction phase)	
Cisplatin	€ 463.72
Pemetrexed	€ 4,280.80
Total (durvalumab + tremelimumab + cisplatin + pemetrexed)	€ 48,740.12
Additionally required SHI costs	€ 157.41 - € 177.77
+ carboplatin + nab-paclitaxel (induction phase)	
Carboplatin	€ 2,006.04
nab-paclitaxel	€ 9,786.00
Total (durvalumab + tremelimumab + carboplatin + nab-paclitaxel)	€ 53,781.60
Antibody maintenance treatment including histology-based maintenance treatment with pemetrexed	
Durvalumab	€ 59,594.40
Single dose of tremelimumab	€ 5,039.46
Pemetrexed	€ 10,702.00
Total (durvalumab + tremelimumab + pemetrexed; maintenance phase)	€ 75,335.86
Additionally required SHI costs	€ 551.29 - € 669.88

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 March 2025)

Other SHI services:

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Appropriate comparator therapy					
Monotherapies					
Atezolizumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	8.7 - 17.4	€ 870 - € 1,740
Cemiplimab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	17.4	€ 1,740
Pembrolizumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	8.7 or 17.4	€ 870 or € 1,740
Nivolumab + ipilimumab + 2 cycles of platinum-based chemotherapy (only for patients with ECOG-PS 0-1)					
Nivolumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	17.4	€ 1,740
Ipilimumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	8.7	€ 870
Cisplatin	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	2	€ 200

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Carboplatin	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	2	€ 200
Pemetrexed	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	2	€ 200
Atezolizumab + bevacizumab + paclitaxel + carboplatin (only for patients with ECOG-PS 0-1)					
Atezolizumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	17.4	€ 1,740
Bevacizumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	17.4	€ 1,740
Paclitaxel	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	4 - 6	€ 400 - € 600
Carboplatin	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	4 - 6	€ 400 - € 600
Atezolizumab + carboplatin + nab-paclitaxel (only for patients with ECOG-PS 0-1)					
Atezolizumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	17.4	€ 1,740

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Carboplatin	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	4 - 6	€ 400 - € 600
nab-paclitaxel	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	3	12 - 18	€ 1,200 - € 1,800
Pembrolizumab + pemetrexed + platinum-containing chemotherapy (only for patients with ECOG-PS 0-1)					
Pembrolizumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	8.7 or 17.4	€ 870 or € 1,740
Pemetrexed	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	17.4	€ 1,740
Cisplatin	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	17.4	€ 1,740
Carboplatin	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	17.4	€ 1,740
Cemiplimab in combination with platinum-based chemotherapy (only for patients with ECOG-PS 0-1)					
Cemiplimab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	17.4	€ 1,740

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Carboplatin	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	17.4	€ 1,740
Cisplatin	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	17.4	€ 1,740
Paclitaxel	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	17.4	€ 1,740
Pemetrexed	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	17.4	€ 1,740
Durvalumab in combination with tremelimumab and platinum-based chemotherapy (only for patients with ECOG-PS 0-1)					
Induction					
Durvalumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	4.0	€ 400
Tremelimumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	4.0	€ 400
Carboplatin	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	4.0	€ 400

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Cisplatin	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	4.0	€ 400
Pemetrexed	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	4.0	€ 400
nab-paclitaxel	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	4.0	€ 400
Antibody maintenance treatment including histology-based maintenance treatment with pemetrexed					
Durvalumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	10.0	€ 1,000
Tremelimumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	1.0	€ 100
Pemetrexed	Surcharge for production of a parenteral solution containing cytostatic agents	€ 100	1	10.0	€ 1,000

c) <u>Adults with advanced non-small cell lung cancer (NSCLC) with a BRAF V600E mutation; after first-line therapy</u>

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Encorafenib + binimetinib	
Binimetinib	€ 37,647.79

Designation of the therapy	Annual treatment costs/ patient
Encorafenib	€ 81,256.95
Total	€ 118,904.74
Appropriate comparator therapy:	
Dabrafenib + trametinib	
Dabrafenib	€ 70,934.34
Trametinib	€ 53,117.84
Total	€ 124,052.18

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 March 2025)

Other SHI benefits: not applicable

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) with PD-L1 expression ≥ 50% and a BRAF V600E mutation; first-line therapy

The following medicinal products with new active ingredients that can be used in a combination therapy with encorafenib in the therapeutic indication of the resolution on the basis of the marketing authorisation under Medicinal Products Act are named (active ingredients and invented names) in accordance with Section 35a, paragraph 3, sentence 4 SGB V:

– Binimetinib (Mektovi)

b) Adults with advanced non-small cell lung cancer (NSCLC) with PD-L1 expression < 50% and a BRAF V600E mutation; first-line therapy

The following medicinal products with new active ingredients that can be used in a combination therapy with encorafenib in the therapeutic indication of the resolution on the basis of the marketing authorisation under Medicinal Products Act are named (active ingredients and invented names) in accordance with Section 35a, paragraph 3, sentence 4 SGB V:

– Binimetinib (Mektovi)

c) Adults with advanced non-small cell lung cancer (NSCLC) with a BRAF V600E mutation; after first-line therapy

The following medicinal products with new active ingredients that can be used in a combination therapy with encorafenib in the therapeutic indication of the resolution on the basis of the marketing authorisation under Medicinal Products Act are named (active

ingredients and invented names) in accordance with Section 35a, paragraph 3, sentence 4 SGB V:

- Binimetinib (Mektovi)

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. **In Annex XIIa of the Pharmaceuticals Directive, the following information shall be added in alphabetical order:**

"Active ingredient of the assessed medicinal product

Encorafenib

Resolution according to Section 35a paragraph 3 SGB V from

20 March 2025

Therapeutic indication of the resolution

Encorafenib in combination with binimetinib is indicated for the treatment of adult patients with advanced non-small cell lung cancer with a BRAF V600E mutation.

Patient group a

Adults with advanced non-small cell lung cancer (NSCLC) with PD-L1 expression ≥ 50% and a BRAF V600E mutation; first-line therapy

Naming of medicinal products with new active ingredients according to Section 35a, paragraph 3, sentence 4 SGB V (active ingredients and invented names[2])

Binimetinib (Mektovi)

Period of validity of the designation

Since 20 March 2025

Patient group b

Adults with advanced non-small cell lung cancer (NSCLC) with PD-L1 expression < 50% and a BRAF V600E mutation; first-line therapy

Naming of medicinal products with new active ingredients according to Section 35a, paragraph 3, sentence 4 SGB V (active ingredients and invented names[2])

Binimetinib (Mektovi)

Period of validity of the designation

Since 20 March 2025

Patient group c)

Adults with advanced non-small cell lung cancer (NSCLC) with a BRAF V600E mutation; after first-line therapy

Naming of medicinal products with new active ingredients according to Section 35a, paragraph 3, sentence 4 SGB V (active ingredients and invented names[2])

Binimetinib (Mektovi)

Period of validity of the designation

Since 20 March 2025

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.

III. The resolution will enter into force on the day of its publication on the website of the G-BA on 20 March 2025.

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

Berlin, 20 March 2025

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

Prof. Hecken