

#### Entrectinib

Resolution of: 18 February 2021 Entry into force on: 18 February 2021 Federal Gazette, BAnz AT 28.04.2021 B3 valid until: 31.12.2027

### The rapeutic indication (according to the marketing authorisation of 31 July 2020):

Rozlytrek as monotherapy is indicated for the treatment of adult patients with ROS1-positive, advanced non-small cell lung cancer (NSCLC) not previously treated with ROS1 inhibitors.

Rozlytrek as monotherapy is indicated for the treatment of adult and paediatric patients 12 years of age and older with solid tumours expressing a neurotrophic tyrosine receptor kinase (NTRK) gene fusion,

- who have a disease that is locally advanced, metastatic or where surgical resection is likely to result in severe morbidity, and

- who have not received a prior NTRK inhibitor
- who have no satisfactory treatment options

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

Adult patients with ROS1-positive, advanced non-small cell lung cancer (NSCLC) not previously treated with ROS1 inhibitors

#### Appropriate comparator therapy:

Crizotinib

#### Extent and probability of the additional benefit of entrectinib compared with crizotinib:

An additional benefit is not proven.

#### Study results according to endpoints:

There are no suitable data that would allow for the 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 suitable data available.
Morbidity	n.a.	There are no suitable data available.
Health-related quality of life	n.a.	There are no suitable data available.
Side effects	n.a.	There are no suitable data available.

Explanations:

↑: statistically significant and relevant positive effect with low/unclear reliability of data

1: 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

 $\varnothing$ : 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

approx. 462–1274 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 Rozlytrek (active ingredient: entrectinib) at the following publicly accessible link (last access: 11 January 2021):

https://www.ema.europa.eu/en/documents/product-information/rozlytrek-epar-productinformation\_de.pdf

Treatment with entrectinib 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 adult patients with non-small cell lung cancer.

A validated test is required for the selection of patients with ROS1-positive NSCLC. ROS1positive status must be confirmed before initiating therapy with entrectinib.

This medicinal product was approved under "special conditions". This means that further evidence of the benefit of the medicinal product is anticipated. The European Medicines Agency (EMA) will assess new information on this medicinal product at a minimum once per year and update the product information where necessary.

# 4. Treatment costs

## Annual treatment costs:

Designation of the therapy	Annual treatment costs/patient	
Medicinal product to be assessed:		
Entrectinib	€111,758.62	
Appropriate comparator therapy:		
Crizotinib	€ 65,994.19	

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 February 2021

Costs for additionally required SHI services: not applicable