

Tagraxofusp

Resolution of: 2 December 2021 valid until: unlimited

Entry into force on: 2 December 2021

BAnz AT 19 01 2022 B5

Therapeutic indication (according to the marketing authorisation of 7 January 2021):

Elzonris is indicated as monotherapy for the first-line treatment of adult patients with blastic plasmacytoid dendritic cell neoplasm (BPDCN).

Therapeutic indication of the resolution (resolution of 2 December 2021):

see therapeutic indication according to marketing authorisation

1. Extent of the additional benefit and significance of the evidence

Tagraxofusp is approved as a medicinal product for the treatment of rare diseases under Regulation (EC) No. 141/2000 of the European Parliament and of the Council of 16 December 1999 on orphan drugs. In accordance with section 35a, paragraph 1, sentence 11, 1st half of the sentence German Social Code, Book Five (SGB V), the additional medical benefit is considered to be proven through the grant of the marketing authorisation.

The Federal Joint Committee (G-BA) determines the extent of the additional benefit for the number of patients and patient groups for which there is a therapeutically significant additional benefit in accordance with Chapter 5, Section 12, paragraph 1, number 1, sentence 2 of its Rules of Procedure (VerfO) in conjunction with Section 5, paragraph 8 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV), indicating the significance of the evidence. This quantification of the additional benefit is based on the criteria laid out in Chapter 5, Section 5, paragraph 7, numbers 1 to 4 of the Rules of Procedure (VerfO).

Adult patients with blastic plasmacytoid dendritic cell neoplasm (BPDCN)

Extent of the additional benefit and significance of the evidence of tagraxofusp:

Hint for a non-quantifiable additional benefit since the scientific data does not allow quantification.

Study results according to endpoints:1

Adult patients with blastic plasmacytoid dendritic cell neoplasm (BPDCN)

Summary of results for relevant clinical endpoints

| Endpoint category | Direction of effect/ risk of bias | Summary |
|--------------------------------|---|------------------------------|
| Mortality | n.a. | The data are not assessable. |
| Morbidity | n.a. | The data are not assessable. |
| Health-related quality of life | Ø | No data available. |
| Side effects | n.a. | The data are not assessable. |

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

个个: statistically significant and relevant positive effect with high reliability of data

 $\downarrow \downarrow$: statistically significant and relevant negative effect with high reliability of data

 \varnothing : There are no usable data for the benefit assessment.

n.a.: not assessable

STML-401-0114 study: multicentre, open-label, single-arm phase I/II study

Data cut-offs used:

- final data cut-off from 13 March 2020 (mortality, morbidity endpoint (complete remission) and safety)
- Data cut-off of 30 June 2019 (safety and progression-free survival)
- Data cut-off of 31.01.2018 (endpoint of morbidity (rate of stem cell transplant), study characteristics, and study medication)

Mortality

| Endpoint | | Tagraxofusp Phase 3 | Tagraxofusp Phase 1-3 | | |
|--------------------------------|----|---|--------------------------|---|--|
| | N | Median survival time in months [95% CI] | N | Median survival time in months [95% CI] Patients with event n (%) | |
| | | Patients with event n (%) | | | |
| Overall survival | | | | | |
| Data cut-off: 13 March 2020 | 13 | 18.9 [5.2; n.a.] <i>8 (61.5)</i> | 29 | 25.8 [9.7; 53.9] <i>18 (62.1)</i> | |

¹ Data from the dossier assessment of the G-BA (published on the 15. September 2021), unless otherwise indicated.

Morbidity

| Endpoint | Tagraxofusp Phase 3 | | | Tagraxofusp Phase 1-3 | | |
|---|----------------------------------|--|----|--|--|--|
| | N Median time to event in months | | N | Median time to event in months | | |
| | [95% CI] | | | [95% CI] | | |
| | | Patients with event n (%) | | Patients with event n (%) | | |
| Progression-free survivala (presented additionally) | | | | | | |
| Data cut-off: 30.06.2019 | 13 | 7.3 [2.8; not assessable] <i>9 (69.2)</i> | 29 | 7.3 [4.3; not assessable] 19 (65.5) | | |

| Endpoint | Tagraxofusp Phase 3 | | Tagraxofusp Phase 1-3 | | | |
|---|------------------------|------------------------------------|--------------------------|------------------------------------|--|--|
| | N | Patients with event n (%) [95% CI] | | Patients with event n (%) [95% CI] | | |
| Complete remission (CR/CRc)b (presented additionally) | | | | | | |
| Data cut-off: 13 March 2020 | 13 | 7 (53.8) | 29 | 21 (72.4) | | |

| Endpoint | Tagraxofusp Phase 1-3 | | | | |
|----------------------------------|--------------------------------------|----------------------------------|--|--|--|
| | N Patients with event n (%) [95% CI] | | | | |
| Rate of stem cell transp | ansplant (presented additionally) | | | | |
| Data cut-off: 31 January 2018 | 29 | <i>13 (44.8)</i> [26.4; 64.3] | | | |

Health-related quality of life

No data available.

Side effects

| Endpoint | | Data cut-off 30 June 2019 | | cut-off rch 2020 |
|--|----------------------------------|------------------------------------|----------------------------------|-------------------------------------|
| | Tagraxofusp Phase 3 N = 13 | Tagraxofusp Phase 1-3 N = 29 | Tagraxofusp Phase 3 N = 13 | Tagraxofusp Phase 1-3 N = 32° |
| | Patients with event n (%) | Patients with event n (%) | Patients with event n (%) | Patients with event n (%) |
| Total adverse events (AE |) (presented addition | onally) | | |
| | 13 (100) | 29 (100) | n.d. | 32 (100) |
| Adverse events (CTCAE g | rade ≥ 3) | | | |
| | 9 (69.2) | 22 (75.9) | n.d. | 25 (87.1) |
| Serious adverse events (| SAE) | | | |
| | 4 (30.8) | 12 (41.4) | n.d. | 13 (40.6) |
| Adverse event, which led | I to the discontinua | tion of the study n | nedication | |
| | 1 (7.7) | 1 (3.4) | n.d. | 3 (9.4) |
| AE with incidence ≥ 10% | after SOC | | | |
| Blood and lymphatic system disorders | 8 (61.5) | 19 (65.5) | n.d. | 22 (68.8) |
| Cardiac disorders | 5 (38.5) | 8 (27.6) | n.d. | 11 (34.4) |
| Eye disorders | 3 (23.1) | 8 (27.6) | n.d. | 8 (25.0) |
| Gastrointestinal disorders | 9 (69.2) | 22 (75.9) | n.d. | 23 (71.9) |
| General disorders and administration site conditions | 12 (92.3) | 27 (93.1) | n.d. | 30 (93.8) |
| Infections and infestations | 3 (23.1) | 11 (37.9) | n.d. | 12 (37.5) |
| Injury, poisoning and procedural complications | 1 (7.7) | 5 (17.2) | n.d. | 5 (15.6) |
| Investigations | 12 (92.3) | 28 (96.6) | n.d. | 31 (96.9) |
| Metabolism and nutrition disorders | 11 (84.6) | 23 (79.3) | n.d. | 26 (81.3) |

| Endpoint | | cut-off e 2019 | Data cut-off 13 March 2020 | | |
|---|----------------------------------|------------------------------------|----------------------------------|-------------------------------------|--|
| | Tagraxofusp Phase 3 N = 13 | Tagraxofusp Phase 1-3 N = 29 | Tagraxofusp Phase 3 N = 13 | Tagraxofusp Phase 1-3 N = 32° | |
| | Patients with event n (%) | Patients with event n (%) | Patients with event n (%) | Patients with event n (%) | |
| Musculoskeletal and connective tissue disorders | 8 (61.5) | 16 (55.2) | n.d. | 17 (53.1) | |
| Neoplasms benign, malignant and unspecified (including cysts and polyps) | 0 | 4 (13.8) | n.d. | 4 (12.5) | |
| Nervous system disorders | 7 (53.8) | 17 (58.6) | n.d. | 17 (53.1) | |
| Psychiatric disorders | 5 (38.5) | 12 (41.4) | n.d. | 12 (37.5) | |
| Renal and urinary disorders | 4 (30.8) | 5 (17.2) | n.d. | 7 (21.9) | |
| Respiratory, thoracic and mediastinal disorders | 6 (46.2) | 12 (41.4) | n.d. | 14 (43.8) | |
| Skin and subcutaneous tissue disorders | 6 (46.2) | 14 (48.3) | n.d. | 15 (46.9) | |
| Vascular disorders | 7 (53.8) | 15 (51.7) | n.d. | 16 (50.0) | |

| AE of CTCAE grade ≥ 3 wit | th incidence ≥ 5 % | 6 | | |
|--|--------------------|-----------------|-------|-----------------|
| Blood and lymphatic system disorders | 4 (30.8) | 12 (41.4) | n.d. | 14 (43.8) |
| Cardiac disorders | 1 (7.7) | 1 (3.4) | n.d. | 2 (6.3) |
| Infections and infestations | 1 (7.7) | 2 (6.9) | n.d. | 3 (9.4) |
| Investigations | 3 (23.1) | 14 (48.3) | n.d. | 16 (50.0) |
| Metabolism and nutrition disorders | 6 (46.2) | 12 (41.4) | n.d. | 14 (43.8) |
| Musculoskeletal and connective tissue disorders | 1 (7.7) | 3 (10.3) | n.d. | 3 (9.4) |
| Vascular disorders | 5 (38.5) | 6 (20.7) | n.d. | 7 (21.9) |
| SAE with incidence ≥ 5% a | after SOC | | | |
| Blood and lymphatic system disorders | 1 (7.7) | 1 (3.4) | n.d. | 1 (3.1) |
| Cardiac disorders | 1 (7.7) | 1 (3.4) | n.d. | 1 (3.1) |
| General disorders and administration site conditions | 0 | 2 (6.9) | n.d. | 2 (6.3) |
| Infections and infestations | 0 | 1 (3.4) | n.d. | 2 (6.3) |
| Metabolism and nutrition disorders | 1 (7.7) | 1 (3.4) | n.d. | 1 (3.1) |
| Nervous system disorders | 1 (7.7) | 1 (3.4) | n.d. | 1 (3.1) |
| Vascular disorders | 2 (15.4) | 4 (13.8) | n.d. | 5 (15.6) |
| AE of special interest | | | | |
| | Total | CTCAE grade ≥ 3 | Total | CTCAE grade ≥ 3 |
| Hypersensitivity | 14 (48.3) | 1 (3.4) | n.d. | 1 (3.1) |
| Capillary leak syndrome | 4 (13.8) | 1 (3.4) | n.d. | 2 (6.3) |
| Visual acuity | 1 (3.4) | 0 | n.d. | 0 |
| Liver diseases caused by medicinal products | 23 (79.3) | 14 (48.3) | n.d. | 17 (53.1) |

| Veno-occlusive diseases | 2 (6.9) | 0 | n.d. | n.d. |
|--------------------------|---------|---|------|------|
| as a result of stem cell | | | | |
| transplant | | | | |

^a Data from the tagraxofusp module 4A dossier of 15 June 2021.

Abbreviations used:

CTCAE = Common Terminology Criteria for Adverse Events; n.d. = no data available; CI = confidence interval; MedDRA = Medical Dictionary for Regulatory Activities; 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; SAE = serious adverse event(s); SOC = System Organ Class; AE = adverse event(s).

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

Adult patients with blastic plasmacytoid dendritic cell neoplasm (BPDCN)

approx. 30 – 90 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 Elzonris (active ingredient: tagraxofusp) at the following publicly accessible link (last access: 17 August 2021):

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

Initiation and monitoring of treatment with tagraxofusp should be performed only by specialists in internal medicine, haematology and oncology.

According to the requirements for risk minimisation activities in the EPAR (European Public Assessment Report), the pharmaceutical company must provide a guideline for health professionals and a patient pass. In particular, the information material contains indications on signs and symptoms of specific side effects associated with the capillary leak syndrome (CLS).

Tagraxofusp should only be given in a setting where a complete resuscitation equipment is immediately available.

This medicinal product was approved under "special conditions". This means that due to the rarity of the disease, it was not possible to obtain complete information on this medicinal product. The EMA will assess any new information that becomes available on an annual basis, and, if necessary, the summary of product characteristics will be updated.

^b Data from the written statement of the pharmaceutical company dated 6 October 2021.

^c 3/32 subjects received an off-label dosage of 7 μg/kg/day of tagraxofusp in phase 1.

4. Treatment costs

Annual treatment costs:

Adult patients with blastic plasmacytoid dendritic cell neoplasm (BPDCN)

| Designation of the therapy | Annual treatment costs/ patient | | | |
|--|---------------------------------|--|--|--|
| Medicinal product to be assessed: | | | | |
| Tagraxofusp | € 2,478,338.48 - € 2,546,838.00 | | | |
| Additionally required SHI costs ² : | Incalculable | | | |

Costs after deduction of statutory rebates (LAUER-TAXE® as last revised: 15 October 2021)

Other SHI services³:

| Designation of the therapy | Type of service | Costs/ unit | Number/ cycle | Number/ patient/ year | Costs/ patient/ year |
|----------------------------|---|----------------|------------------|-----------------------------|----------------------------|
| Tagraxofusp | Surcharge for production of a parenteral preparation containing cytostatic agents | € 81 | 5 | 82 | € 6,642 |

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 $^{^{\}rm 2}$ Includes the inpatient stay as well as any additional outpatient costs for premedication. $^{\rm 3}$ For outpatient use