Gemeinsamer Bundesausschuss

Pembrolizumab (new therapeutic indication: advanced renal cell carcinoma, first-line, combination with lenvatinib)

Resolution of: 7 July 2022 valid until: unlimited
Entry into force on: 7 July 2022
Federal Gazette, BAnz AT 28 07 2022 B20

New therapeutic indication (according to the marketing authorisation of 15 November 2021):

Keytruda, in combination with lenvatinib, is indicated for the first-line treatment of advanced renal cell carcinoma in adults

Therapeutic indication of the resolution (resolution of 7 July 2022):

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 previously untreated, advanced renal cell carcinoma with favourable risk profile (IMDC score 0)

Appropriate comparator therapy:

- Pembrolizumab in combination with axitinib

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

An additional benefit is not proven.

b) Adults with previously untreated, advanced renal cell carcinoma with intermediate (IMDC score 1-2) or poor risk profile (IMDC score ≥ 3)

Appropriate comparator therapy:

- Avelumab in combination with axitinib (only for patients with a poor risk profile)

or

- Nivolumab in combination with ipilimumab

or

- Pembrolizumab in combination with axitinib

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

An additional benefit is not proven.

Study results according to endpoints:[1]

a) Adults with previously untreated, advanced renal cell carcinoma with favourable risk profile (IMDC score 0)

No data are available to allow an 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 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 ∅: There are no usable data for the benefit assessment. n.a.: not assessable		

b) Adults with previously untreated, advanced renal cell carcinoma with intermediate (IMDC score 1-2) or poor risk profile (IMDC score ≥ 3)

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

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[1] Data from the dossier assessment of the Institute for Quality and Efficiency in Health Care (IQWiG) (A21-163) unless otherwise indicated.

∅: 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) Adults with previously untreated, advanced renal cell carcinoma with favourable risk profile (IMDC score 0)

approx. 400 – 760 patients

b) Adults with previously untreated, advanced renal cell carcinoma with intermediate (IMDC score 1-2) or poor risk profile (IMDC score ≥ 3)

approx. 2,390 – 3,420 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 Keytruda (active ingredient: pembrolizumab) at the following publicly accessible link (last access: 20 April 2022):
https://www.ema.europa.eu/en/documents/product-information/keytruda-epar-product-information_en.pdf

Treatment with pembrolizumab in combination with lenvatinib should only be initiated and monitored by specialists in internal medicine, haematology and oncology as well as specialists in internal medicine and nephrology and other specialists participating in the Oncology Agreement, all of whom are experienced in the treatment of adults with renal cell carcinoma.

In accordance with the EMA requirements regarding additional risk minimisation measures, the pharmaceutical company must provide training material that contains information for medical professionals and patients. The training material contains, in particular, instructions on the management of immune-mediated side effects potentially occurring with pembrolizumab as well as on infusion-related reactions.

In the CLEAR study, only patients with renal cell carcinoma with clear cell histology were examined. No data are available for patients with non-clear cell renal cell carcinoma.

4. Treatment costs

Annual treatment costs:

a) Adults with previously untreated, advanced renal cell carcinoma with favourable risk profile (IMDC score 0)

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Pembrolizumab in combination with lenvatinib	
Pembrolizumab	€ 99,714.53
Lenvatinib	€ 34,378.62
Total	€ 134,093.15
Appropriate comparator therapy:	
Pembrolizumab in combination with axitinib	
Pembrolizumab	€ 99,714.53
Axitinib	€ 46,871.34
Total	€ 146,585.87

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 June 2022)

Costs for additionally required SHI services: not applicable

b) Adults with previously untreated, advanced renal cell carcinoma with intermediate (IMDC score 1-2) or poor risk profile (IMDC score ≥ 3)

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Pembrolizumab in combination with lenvatinib	
Pembrolizumab	€ 99,714.53
Lenvatinib	€ 34,378.62
Total	€ 134,093.15
Appropriate comparator therapy:	
Avelumab in combination with axitinib (only for patients with a poor risk profile)	
Avelumab	€ 82,207.69
Axitinib	€ 46,871.34
Total	€ 129,079.04
Nivolumab in combination with ipilimumab	
Initial treatment	

Designation of the therapy	Annual treatment costs/ patient
Nivolumab	€ 11,680.88
Ipilimumab	€ 26,331.60
Total initial treatment	€ 38,012.48
Follow-up treatment	
Nivolumab	€ 54,316.09 - € 58,696.42
Initial treatment + total follow-up treatment	€ 92,328.57 - € 96,708.90
Pembrolizumab in combination with axitinib	
Pembrolizumab	€ 99,714.53
Axitinib	€ 46,871.34
Total	€ 146,585.87

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 June 2022)

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
Medicinal product to be assessed:					
Pembrolizumab in combination with lenvatinib					
Pembrolizumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	1	8.7	€ 617.70
				17.4	€ 1,235.40
Appropriate comparator therapy					
Avelumab in combination with axitinib (only for patients with a poor risk profile)					
Avelumab	Surcharge for the preparation of a parenteral solution containing	€ 71	1	26.1	€ 1,853.10

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
	monoclonal antibodies				
Nivolumab in combination with ipilimumab					
Nivolumab (follow-up treatment with nivolumab in a 14-day cycle)	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	1	24.1	€ 1,711.10
Nivolumab (follow-up treatment with nivolumab in a 28-day cycle)	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	1	13.3	€ 944.30
Ipilimumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	1	4	€ 284
Pembrolizumab in combination with axitinib					
Pembrolizumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	1	8.7	€ 617.70
				17.4	€ 1,235.40