Capmatinib (non-small cell lung cancer (NSCLC))

Resolution of: 2 February 2023 valid until: unlimited
Entry into force on: 2 February 2023
Federal Gazette, BAnz AT 17 03 2023 B6

Therapeutic indication (according to the marketing authorisation of 20 June 2022):

Tabrecta as monotherapy is indicated for the treatment of adult patients with advanced non-small cell lung cancer (NSCLC) harbouring alterations leading to mesenchymal-epithelial transition factor gene exon 14 (METex14) skipping, who require systemic therapy following prior treatment with immunotherapy and/or platinum-based chemotherapy.

Therapeutic indication of the resolution (resolution of 2 February 2023):

See therapeutic indication according to marketing authorisation.

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

a) Adult patients with advanced non-small cell lung cancer (NSCLC) harbouring alterations leading to mesenchymal-epithelial transition factor gene exon 14 (METex14) skipping after first-line therapy with an anti-PD-1/PD-L1 as monotherapy

Appropriate comparator therapy for capmatinib as monotherapy:

– Cisplatin in combination with a third-generation cytostatic drug (vinorelbine or gemcitabine or docetaxel or paclitaxel or pemetrexed (except in the case of predominantly squamous histology))

or

– Carboplatin in combination with a third-generation cytostatic drug (vinorelbine or gemcitabine or docetaxel or paclitaxel or pemetrexed (except in the case of predominantly squamous histology)) cf. Annex VI to Section K of the Pharmaceuticals Directive

or

– Carboplatin in combination with nab-paclitaxel

or

– Monotherapy with gemcitabine or vinorelbine (only for patients with ECOG performance status 2 as an alternative to platinum-based combination treatment)

Extent and probability of the additional benefit of capmatinib compared to the appropriate comparator therapy:

An additional benefit is not proven.

b) Adult patients with advanced non-small cell lung cancer (NSCLC) harbouring alterations leading to mesenchymal-epithelial transition factor gene exon 14 (METex14) skipping after first-line therapy with platinum-containing chemotherapy

Appropriate comparator therapy for capmatinib as monotherapy:

– Docetaxel (only for patients with PD-L1 negative tumours)

or

– Pemetrexed (only for patients with PD-L1 negative tumours and except in cases of predominantly squamous histology)

or

– Nivolumab

or

– Pembrolizumab (only for patients with PD-L1 expressing tumours, Tumour Proportion Score (TPS) ≥ 1%)

or

– Atezolizumab

or

– Docetaxel in combination with nintedanib (only for patients with PD-L1 negative tumours and adenocarcinoma histology)

Extent and probability of the additional benefit of capmatinib compared to the appropriate comparator therapy:

An additional benefit is not proven.

c) Adult patients with advanced non-small cell lung cancer (NSCLC) harbouring alterations leading to mesenchymal-epithelial transition factor gene exon 14 (METex14) skipping after first-line therapy with a PD-1/PD-L1 antibody in combination with a platinum-based chemotherapy or after sequential therapy with an anti-PD-1/PD-L1 and a platinum-containing chemotherapy

Appropriate comparator therapy for capmatinib as monotherapy:

Patient-individual therapy taking into account previous therapy and histology with selection of

- afatinib,
- pemetrexed,
- erlotinib,
- docetaxel,
- docetaxel in combination with ramucirumab,
- docetaxel in combination with nintedanib and
- vinorelbine

Extent and probability of the additional benefit of capmatinib compared to the appropriate comparator therapy:

An additional benefit is not proven.

Study results according to endpoints:[1]

a) Adult patients with advanced non-small cell lung cancer (NSCLC) harbouring alterations leading to mesenchymal-epithelial transition factor gene exon 14 (METex14) skipping after first-line therapy with an anti-PD-1/PD-L1 as monotherapy

No adequate 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.c.	There are no assessable data.
Morbidity	n.c.	There are no assessable data.
Health-related quality of life	n.c.	There are no assessable data.
Side effects	n.c.	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.c.: not calculable		

b) Adult patients with advanced non-small cell lung cancer (NSCLC) harbouring alterations leading to mesenchymal-epithelial transition factor gene exon 14 (METex14) skipping after first-line therapy with platinum-containing chemotherapy

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

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Mortality	n.c.	There are no assessable data.
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Side effects	n.c.	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		

[1] Data from the dossier assessment of the Institute for Quality and Efficiency in Health Care (IQWiG) (A22-87) unless otherwise indicated.

↓↓: 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.c.: not calculable

c) Adult patients with advanced non-small cell lung cancer (NSCLC) harbouring alterations leading to mesenchymal-epithelial transition factor gene exon 14 (METex14) skipping after first-line therapy with a PD-1/PD-L1 antibody in combination with a platinum-based chemotherapy or after sequential therapy with an anti-PD-1/PD-L1 and a platinum-containing chemotherapy

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

a) Adult patients with advanced non-small cell lung cancer (NSCLC) harbouring alterations leading to mesenchymal-epithelial transition factor gene exon 14 (METex14) skipping after first-line therapy with an anti-PD-1/PD-L1 as monotherapy

approx. 80 to 130 patients

b) Adult patients with advanced non-small cell lung cancer (NSCLC) harbouring alterations leading to mesenchymal-epithelial transition factor gene exon 14 (METex14) skipping after first-line therapy with platinum-containing chemotherapy

approx. 60 to 100 patients

c) Adult patients with advanced non-small cell lung cancer (NSCLC) harbouring alterations leading to mesenchymal-epithelial transition factor gene exon 14 (METex14) skipping

after first-line therapy with a PD-1/PD-L1 antibody in combination with a platinum-based chemotherapy or after sequential therapy with an anti-PD-1/PD-L1 and a platinum-containing chemotherapy

approx. 400 to 670 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 Tabrecta (active ingredient: capmatinib) at the following publicly accessible link (last access: 8 December 2022):

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

Treatment with capmatinib 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 internal medicine and pulmonology or specialists in pulmonary medicine and other doctors from specialist groups participating in the Oncology Agreement.

METex14 skipping test

Prior to treatment with capmatinib, the presence of alterations leading to METex14 skipping must be confirmed by a validated test method.

4. Treatment costs

Annual treatment costs:

a) Adult patients with advanced non-small cell lung cancer (NSCLC) harbouring alterations leading to mesenchymal-epithelial transition factor gene exon 14 (METex14) skipping after first-line therapy with an anti-PD-1/PD-L1 as monotherapy

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Capmatinib	€ 115,736.51
Appropriate comparator therapy:	
Cisplatin in combination with a third-generation cytostatic (vinorelbine or gemcitabine or docetaxel or paclitaxel or pemetrexed)[2]	
Cisplatin + vinorelbine	
Cisplatin	€ 2,015.79 - € 2,494.46
Vinorelbine	€ 4,750.55 - € 6,004.04

[2] except in the case of predominantly squamous histology

Designation of the therapy	Annual treatment costs/ patient
Total	€ 6,766.34 - € 8,498.51
Additionally required SHI costs	€ 328.58 - € 421.62
Cisplatin + gemcitabine	
Cisplatin	€ 2,015.79 - € 2,494.46
Gemcitabine	€ 8,218.72
Total	€ 10,234.51 - € 10,713.18
Additionally required SHI costs	€ 328.58 - € 421.62
Cisplatin + docetaxel	
Cisplatin	€ 2,015.79
Docetaxel	€ 13,742.17
Total	€ 15,757.96
Additionally required SHI costs	€ 328.58 - € 421.62
Cisplatin + paclitaxel	
Cisplatin	€ 2,284.10
Paclitaxel	€ 16,639.10
Total	€ 18,923.20
Additionally required SHI costs	€ 542.56 - € 635.60
Cisplatin + pemetrexed	
Cisplatin	€ 2,015.79
Pemetrexed	€ 37,245.74
Total	€ 39,261.53
Additionally required SHI costs	€ 457.36 - € 599.79
Carboplatin in combination with a third-generation cytostatic (vinorelbine or gemcitabine or docetaxel or paclitaxel or pemetrexed)[2]	
Carboplatin + vinorelbine	
Carboplatin	€ 8,074.47
Vinorelbine	€ 4,750.55 - € 6,004.04
Total	€ 12,825.02 - € 14,078.51
Carboplatin + gemcitabine	
Carboplatin	€ 8,074.47
Gemcitabine	€ 8,218.72
Total	€ 16,293.19
Carboplatin + docetaxel	
Carboplatin	€ 8,074.47

Designation of the therapy	Annual treatment costs/ patient
Docetaxel	€ 13,742.17
Total	€ 21,816.64
Carboplatin + paclitaxel	
Carboplatin	€ 8,074.47
Paclitaxel	€ 16,639.10
Total	€ 24,713.57
Additionally required SHI costs	€ 213.98
Carboplatin + pemetrexed	
Carboplatin	€ 8,074.47
Pemetrexed	€ 37,245.74
Total	€ 45,320.21
Additionally required SHI costs	€ 128.78 - € 178.17
Carboplatin in combination with nab-paclitaxel	
Carboplatin	€ 8,074.47
nab-paclitaxel	€ 39,113.46
Total	€ 47,187.93
Monotherapy with gemcitabine or vinorelbine[3]	
Gemcitabine	€ 7,166.25
Vinorelbine	€ 7,112.17 - € 8,988.81

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 January 2023

b) Adult patients with advanced non-small cell lung cancer (NSCLC) harbouring alterations leading to mesenchymal-epithelial transition factor gene exon 14 (METex14) skipping after first-line therapy with platinum-containing chemotherapy

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Capmatinib	€ 115,736.51
Appropriate comparator therapy:	
Docetaxel (only for patients with PD-L1 negative tumours)	
Docetaxel	€ 13,742.17
Pemetrexed[4]	
Pemetrexed	€ 37,245.74

[3] only for patients with ECOG performance status 2 as an alternative to platinum-based combination treatment
[4] only for patients with PD-L1 negative tumours and except in the case of predominantly squamous cell histology

Designation of the therapy	Annual treatment costs/ patient
Additionally required SHI costs	€ 128.78 - € 178.17
Nivolumab	
Nivolumab	€ 73,046.07
Pembrolizumab	
Pembrolizumab[5]	€ 93,522.22
Atezolizumab	
Atezolizumab	€ 67,867.66
Docetaxel in combination with nintedanib[6]	
Docetaxel	€ 13,742.17
Nintedanib	€ 30,730.72
Total	€ 44,472.89

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 January 2023

c) Adult patients with advanced non-small cell lung cancer (NSCLC) harbouring alterations leading to mesenchymal-epithelial transition factor gene exon 14 (METex14) skipping after first-line therapy with a PD-1/PD-L1 antibody in combination with a platinum-based chemotherapy or after sequential therapy with an anti-PD-1/PD-L1 and a platinum-containing chemotherapy

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Capmatinib	€ 115,736.51
Appropriate comparator therapy:	
Patient-individual therapy, taking into account previous therapy and histology with selection of afatinib, pemetrexed, erlotinib, docetaxel, docetaxel in combination with ramucirumab, docetaxel in combination with nintedanib and vinorelbine.	
Afatinib	
Afatinib	€ 29,628.22
Pemetrexed	
Pemetrexed	€ 37,245.74
Additionally required SHI costs	€ 128.78 - € 178.17
Erlotinib	
Erlotinib	€ 9,851.84
Docetaxel in combination with ramucirumab	
Docetaxel	€ 13,742.17

[5] only for patients with PD-L1 expressing tumours, Tumour Proportion Score (TPS) ≥ 1%
[6] only for patients with PD-L1 negative tumours and adenocarcinoma histology

Designation of the therapy	Annual treatment costs/ patient
Ramucirumab	€ 54,483.75
Total	€ 68,225.92
Docetaxel in combination with nintedanib	
Docetaxel	€ 13,742.17
Nintedanib	€ 30,730.72
Total	€ 44,472.89
Vinorelbine	
Vinorelbine	€ 7,112.17 - € 8,988.81

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 January 2023

Other SHI services:

Designation of the therapy	Type of service	Costs/ unit	Number / cycle	Number / patient/ year	Costs/ patient/ year
Appropriate comparator therapy:					
Atezolizumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	17.4	€ 1,740.00
Carboplatin	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 100	1	17.4	€ 1,740.00
Cisplatin	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 100	1	17.4	€ 1,740.00
Docetaxel (monotherapy or combination therapy)	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 100	1	17.4	€ 1,740.00
Gemcitabine (combination therapy)	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 100	2	34.8	€ 3,480.00
Gemcitabine (monotherapy)	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 100	3	39	€ 3,900.00

Designation of the therapy	Type of service	Costs/ unit	Number / cycle	Number / patient/ year	Costs/ patient/ year
nab-paclitaxel	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 100	3	52.2	€ 5,220.00
Nivolumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	26.1	€ 2,610.00
Paclitaxel	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 100	1	17.4	€ 1,740.00
Pembrolizumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	8.7 - 17.4	€ 870.00 - € 1,740.00
Pemetrexed	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 100	1	17.4	€ 1,740.00
Ramucirumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	17.4	€ 1,740.00
Vinorelbine (combination therapy)	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 100	2	34.8	€ 3,480.00
Vinorelbine (monotherapy)	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 100	1	52.1	€ 5,210.00

5. 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 capmatinib

Medicinal products with new active ingredients pursuant to Section 35a, paragraph 3, sentence 4 SGB V are medicinal products with the following new active ingredients which, on the basis of the marketing authorisation under Medicinal Products Act, can be used in a combination therapy with capmatinib for adult patients with advanced non-small cell lung cancer (NSCLC) harbouring alterations leading to mesenchymal-epithelial transition factor gene exon 14 (METex14) skipping after first-line therapy:

Adult patients with advanced non-small cell lung cancer (NSCLC) harbouring alterations leading to mesenchymal-epithelial transition factor gene exon 14 (METex14) skipping after first-line therapy with an anti-PD-1/PD-L1 as monotherapy

– No designation of medicinal products with new active ingredients that can be used in combination therapy pursuant to Section 35a, paragraph 3, sentence 4 SGB V, as the active ingredient to be assessed is an active ingredient authorised in monotherapy.

Adult patients with advanced non-small cell lung cancer (NSCLC) harbouring alterations leading to mesenchymal-epithelial transition factor gene exon 14 (METex14) skipping after first-line therapy with platinum-containing chemotherapy

– No designation of medicinal products with new active ingredients that can be used in combination therapy pursuant to Section 35a, paragraph 3, sentence 4 SGB V, as the active ingredient to be assessed is an active ingredient authorised in monotherapy.

Adult patients with advanced non-small cell lung cancer (NSCLC) harbouring alterations leading to mesenchymal-epithelial transition factor gene exon 14 (METex14) skipping after first-line therapy with a PD-1/PD-L1 antibody in combination with a platinum-based chemotherapy or after sequential therapy with an anti-PD-1/PD-L1 and a platinum-containing chemotherapy

- No designation of medicinal products with new active ingredients that can be used in combination therapy pursuant to Section 35a, paragraph 3, sentence 4 SGB V, as the active ingredient to be assessed is an active ingredient authorised in monotherapy.