

Olaparib (reassessment after the deadline: ovarian, fallopian tube or primary peritoneal cancer, BRCA-mutated, FIGO stages III and IV, maintenance treatment)

Resolution of: 21 September 2023
Entry into force on: 21 September 2023
Federal Gazette, BAnz AT 26 10 2023 B2

valid until: unlimited

New therapeutic indication (according to the marketing authorisation of 12 June 2019):

Lynparza is indicated as monotherapy for the:

maintenance treatment of adult patients with advanced (FIGO stages III and IV) BRCA1/2-mutated (germline and/or somatic) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy.

Therapeutic indication of the resolution (resolution of 21 September 2023):

See new therapeutic indication according to marketing authorisation.

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

Adult patients with advanced (FIGO stages III and IV) BRCA1/2-mutated (germline and/or somatic) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy; maintenance treatment

Appropriate comparator therapy:

Niraparib

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

An additional benefit is not proven.

Study results according to endpoints:¹

Adult patients with advanced (FIGO stages III and IV) BRCA1/2-mutated (germline and/or somatic) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy; maintenance treatment

¹ Data from the dossier assessment of the Institute for Quality and Efficiency in Health Care (IQWiG) (A23-32) unless otherwise indicated.

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.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

Adult patients with advanced (FIGO stages III and IV) BRCA1/2-mutated (germline and/or somatic) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy; maintenance treatment

approx. 520 - 630 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 Lynparza (active ingredient: olaparib) at the following publicly accessible link (last access: 31 August 2023):

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

Treatment with olaparib should only be initiated and monitored by specialists in internal medicine, haematology, and oncology, specialists in gynaecology and obstetrics, and other

specialists participating in the Oncology Agreement, all of whom are experienced in the treatment of patients with ovarian cancer.

Prior to treatment with Lynparza for first-line maintenance treatment of high-grade epithelial ovarian cancer (EOC), fallopian tube cancer (FTC) or primary peritoneal cancer (PPC), patients must have harmful or suspected harmful breast cancer susceptibility gene (BRCA) 1 or 2 mutations confirmed in the germline and/or tumour by a validated test method.

4. Treatment costs

Annual treatment costs:

Adult patients with advanced (FIGO stages III and IV) BRCA1/2-mutated (germline and/or somatic) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy; maintenance treatment

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Olaparib	€ 58,206.42
Appropriate comparator therapy:	
Niraparib	€ 46,717.31

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 September 2023

Costs for additionally required SHI services: 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:

Adult patients with advanced (FIGO stages III and IV) BRCA1/2-mutated (germline and/or somatic) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy; maintenance treatment

- 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.

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.