TRANSPARENCY COMMITTEE
OPINION
23 OCTOBER 2019

brigatinib
ALUNBRIG, tablet

First assessment

► **Key points**

Favourable opinion for reimbursement as monotherapy for the treatment of adults patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small-cell lung cancer (NSCLC) previously treated with crizotinib.

► **What therapeutic improvement?**

No clinical added value in the therapeutic strategy

► **Role in the treatment pathway?**

ALUNBRIG (brigatinib) may be proposed as a possible treatment option in the case of resistance linked to an ALK-dependent mutation after first line treatment with TKI (preferably alectinib), if the ALK mutation is sensitive to this molecule (as determined by resistance phenotyping mechanisms by "liquid biopsy" or *in situ* sampling).

Given the evolution of the NSCLC ALK+ treatment pathway, with the use of 2nd generation TKI anti-ALK drugs (alectinib, ceritinib) in first line and also given the lack of specific data in patients after failure with these anti-ALK in first line, ALUNBRIG's role remains to be specified in this situation.

COMMITTEE'S CONCLUSIONS

Clinical benefit

- ▶ Non-small cell lung cancer (NSCLC) is a serious, life-threatening condition.
- ▶ This is a curative treatment specific to NSCLC with ALK rearrangement.
- ▶ The efficacy/adverse effects ratio is moderate.
- ▶ There are medicinal alternatives.
- ▶ This treatment is indicated for patients previously treated with crizotinib. It is therefore a second-line treatment.

- ▶ Public health interest:

- ▶ Considering:

- the severity of the condition and its low incidence,
- the medical needs considered to be partially met,
- the lack of demonstrated impact on mortality and quality of life compared to current alternatives,
- an impact on the healthcare system organisation (hospitalisations avoided, transfer of care to consultations), which is not documented, in the same manner as oral chemotherapy, ALUNBRIG is unlikely to have a public health's interest.

Given these elements, the Committee considers that the clinical benefit of ALUNBRIG is low in the marketing approval indication.

Clinical Added Value

Taking into account both:

- the data from a non-comparative phase II study that assessed two brigatinib dosage regimens
- the patient profile included in the pivotal study, which does not match the one of patients currently treated in clinical practice,
- the evolution of the therapeutic strategy in first line,

the Transparency Committee considers that ALUNBRIG does not provide any clinical added value (CAV V) in the care pathway of adults patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC) previously treated with crizotinib.