HAUTE AUTORITÉ DE SANTÉ

TRANSPARENCY COMMITTEE
SUMMARY
9 MARCH 2022

The legally binding text is the original French opinion version

ripretinib
QINLOCK 50 mg tablets

First assessment

Key points

Favourable opinion for reimbursement in the treatment of adult patients with advanced gastrointestinal stromal tumour (GIST) who have received prior treatment with three or more kinase inhibitors, including imatinib.

What therapeutic improvement?

Therapeutic improvement in the management of GIST as fourth-line treatment in adults.

Role in the care pathway?

According to national and international guidelines (*Thésaurus national de cancérologie digestive* [French National Thesaurus of Gastrointestinal Oncology], ESMO and NCCN), the standard of care for unresectable or metastatic GIST is based on imatinib (GLIVEC), which is the reference first-line treatment. The tolerability of imatinib is dose-dependent. In the event of disease progression following resistance or intolerance to imatinib, the second-line treatment is sunitinib (SUTENT) and the third-line treatment is regorafenib (STIVARGA). Currently, no standard treatment is recommended for fourth and later-line therapy.

Role of the medicinal product in the care pathway

QINLOCK (ripretinib) is the only fourth or later-line treatment with an MA and for which the benefit has been established in adult patients with advanced gastrointestinal stromal tumour (GIST) who have received prior treatment with three or more kinase inhibitors, including imatinib.

It is a novel tyrosine kinase inhibitor that inhibits KIT proto-oncogene receptor tyrosine kinase and PDGFRA kinase, including wild type mutations.

COMMITTEE'S CONCLUSIONS

Considering all of this information and further to debate and voting, the Committee considers:

Clinical benefit

◗ Unresectable or metastatic gastrointestinal stromal tumours are rare and serious mesenchymal tumours that are life-threatening.

◗ The proprietary medicinal product QINLOCK (ripretinib) is a curative medicinal product.

◗ Its efficacy/adverse effects ratio is high.

◗ There are no therapeutic alternatives at this stage of the disease apart from supportive care.

◗ It is a fourth or later-line therapy.

Public health impact

Considering:

- the seriousness of unresectable or metastatic gastro-intestinal stromal tumours (GIST) and their low prevalence and incidence;
- the currently unmet medical need in the event of failure of the TKIs available at present (imatinib, sunitinib and regorafenib);
- the additional response to the identified need due, in particular, to a demonstrated additional impact on morbidity (improvement in terms of progression-free survival) and the expected impact on mortality based on the results of the INVICTUS study,

QINLOCK (ripretinib) is likely to have an additional impact on public health.

Considering all these elements, the Committee deems that the clinical benefit of QINLOCK (ripretinib) is substantial in the MA indication.

The Committee issues a favourable opinion for inclusion in both the hospital formulary list and the retail formulary list of reimbursed proprietary medicinal products approved for use in the MA indication and at the MA dosages.

◗ **Recommended reimbursement rate: 65%**

Clinical Added Value

Considering:
- demonstration of the superiority of ripretinib 150 mg/d compared to placebo in terms of progression-free survival (27.6 weeks (CI95% [20.0; 29.9]) with ripretinib and 4.1 weeks (CI95% [4.0; 7.3]) with placebo, HR = 0.15; CI95% [0.09; 0.25]) in a study of good methodological quality (controlled, randomised, double-blind),
- the favourable safety profile of ripretinib, and
- the unmet medical need in fourth and later-line treatment,

But taking into account:
- **the absence of formal demonstration in terms of overall survival and quality of life given the early interruption of the hierarchical analysis sequence,**

the Transparency Committee considers that QINLOCK (ripretinib) provides a moderate clinical added value (CAV III) in the treatment of unresectable or metastatic GIST as fourth-line therapy.
The Transparency Committee highlights the clinical development efforts implemented to assess the clinical benefit in this rare disease at this stage of its progression.