



> Return address PO Box 320, 1110 AH Diemen

To the Minister of Health, Welfare and Sport
P.O. Box 20350
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2025023647

Date 6 October 2025
Re: Packet advice lock procedure medicinal product alectinib (Alecensa®)
for non-small cell lung cancer (NSCLC)

**National Health Care
Institute**

Research, Development and
Medicinal Products
Medicinal Products Team

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Contact

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Our reference

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Dear Mr Bruijn,

The National Health Care Institute advises you on the assessment of alectinib (Alecensa®) as monotherapy for adjuvant treatment following complete tumour resection in adult patients with stage IB-III A non-small cell lung cancer (NSCLC) with anaplastic lymphoma kinase (ALK) mutation. This advice was prompted by the placement of alectinib in the so-called 'lock procedure' for expensive medicinal products.

The National Health Care Institute advises you to include alectinib for the above indication in the basic healthcare package. Alectinib is a cost-effective intervention. However, we advise you to reconsider this recommendation once the final survival data become available. Publication of this data is expected in the course of 2027.

Clinical picture

Lung cancer is the presence of a malignant tumour in the lungs. Overall, lung cancer can be divided into 2 forms: small cell and non-small cell. In NSCLC, the cells usually grow slowly. In the Netherlands, more than 10,000 patients were diagnosed with NSCLC in 2023. In patients with stage IB-III A, the 5-year survival varies between 25-66%. Approximately 2% of patients have an ALK mutation. Treatment depends on the stage of the disease. Standard treatment for patients with stage IB-III A is surgical removal of the tumour, followed by platinum-containing chemotherapy. Alectinib is a targeted ALK inhibitor and can be given instead of the chemotherapy mentioned.

Licensed indication

Alectinib (Alecensa®) as monotherapy is indicated as adjuvant treatment following complete tumour resection for adult patients with ALK-positive non-small cell lung cancer (NSCLC) at high risk of recurrence (stage IB -III A).

This assessment focuses on the adjuvant treatment after tumour resection. Alectinib has already been registered and reimbursed for first-line treatment of ALK-positive advanced NSCLC and for patients with ALK-positive advanced NSCLC who have previously been treated with crizotinib. These indications are not taken into consideration here.

Claim by the marketing authorisation holder

Alectinib (Alecensa®) has an added value over the current standard treatment with platinum-containing chemotherapy for the registered indication mentioned above.

Advice from the National Health Care Institute

The National Health Care Institute advises you to include alectinib in the basic healthcare package for the indication mentioned above. The National Health Care Institute has determined that alectinib meets the legal criterion of 'established medical science and medical practice' for the indication mentioned above, and that it offers added value compared to standard treatment with platinum-containing chemotherapy. Alectinib has a favourable cost-effectiveness. However, there are uncertainties about the survival gains to be achieved. We have taken this into account in our advice. If mature data on overall survival becomes available, the National Health Care Institute will reassess alectinib for the indicated indication if necessary. We advise you to take this into account when determining the duration of inclusion in the basic healthcare package.

We explain the development of this recommendation below.

General

At your request, the National Health Care Institute assesses whether care should be part of the standard health insurance package from the perspective of the basic healthcare package paid from joint premiums.

The National Health Care Institute assesses on the basis of the four package criteria¹: effectiveness²cost-effectiveness³, necessity⁴ and feasibility⁵. The Scientific Advisory Board (hereinafter also "WAR") advises the National Health Care Institute about the scientific support and the conclusion of the assessment. Stakeholders are consulted during the process.

Comprehensive assessment of the package criteria

Effectiveness

Established medical science and medical practice

The open-label randomised study (RCT) ALINA compared alectinib with platinum-containing chemotherapy in patients with stage IB-III A non-small cell lung cancer who tested positive for ALK. The results are based on a prespecified interim analysis with a median follow-up of 28 months and include immature data. At present, no conclusion can be drawn regarding the effect on overall survival. In

¹ Real-world package management 4 (2023). National Health Care Institute, Diemen. Via www.zorginstituutnederland.nl.

² Assessment of the established medical science and medical practice (2023). National Health Care Institute. Via www.zorginstituutnederland.nl.

³ Healthcare cost-effectiveness report (2015) National Health Care Institute, Diemen. Via www.zorginstituutnederland.nl.

⁴ Necessity is related to both the medical need due to the severity of a disease for the patient (burden of disease) and the need to insure something. See the report on real-world package management 4 (2023).

⁵ The package criterion of feasibility deals with whether it is feasible or sustainable to include a specific form of care in the basic healthcare package. It is therefore mainly a test of a number of implementation aspects such as the healthcare organisation, support, ethical and legal aspects, budget impact and so on. See the report on real-world package management 4 (2023).

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the absence of mature survival data, the surrogate outcome for survival, disease-free survival (DFS), was considered. The DFS indicates the period during which the disease has not yet reoccurred. Although there is uncertainty about the correlation between overall survival and DFS, the National Health Care Institute, based on the magnitude of the effect on DFS, concludes that alectinib may have a positive effect on overall survival, compared to chemotherapy. At the time of this interim analysis, 15 patients (11.5%) in the alectinib group had relapsed disease. The chemotherapy group included 50 patients (39.4%). It cannot be excluded (yet) that there is no effect on overall survival. Alectinib is unlikely to affect quality of life. The adverse effects and the number of discontinuations were lower in the alectinib group. The BOM committee concluded in November 2024 that the DFS data meet the PASKWIL criteria. The immaturity of the data is the reason for the cieBOM to label its positive recommendation on alectinib as 'provisional'. Publication of the additional analyses with more mature data is expected in the course of 2027.

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The National Health Care Institute, advised by the Scientific Advisory Board (WAR), has concluded that alectinib meets the criteria for established medical science and medical practice for the indication mentioned above, and has added value compared to standard platinum-containing chemotherapy treatment.

Cost-effectiveness

The cost-effectiveness analysis by the marketing authorisation holder is of sufficient quality and can be used for decision-making.

The cost-effectiveness estimate is below the reference value of €50,000 considered relevant for this condition, and alectinib therefore has a favourable cost-effectiveness. The ICER is €16,639/ QALY based on extrapolation of the DFS data. Because the survival data is still very immature and the degree of correlation is unclear, the extrapolation of the DFS data is uncertain. Therefore, due to this uncertainty, a conservative scenario has been presented in which no impact on survival is modelled. In that case, the ICER is €52,916/QALY. On this basis, it can be concluded that alectinib has a favourable cost-effectiveness for this indication.

Budget impact analysis

The National Health Care Institute estimates that 55 patients will be treated with alectinib for this indication in year 3 after inclusion in the health insurance package. The total cost per patient per year comes to €65,700, based on the list price. Treatment with alectinib should be continued until disease recurrence, unacceptable toxicity or for a duration of 2 years. This results in possible macro costs of €2.4 million in the third year. The average cost of the platinum-containing chemotherapy to be substituted is €5,814 per patient per year. When substitution of this chemotherapy is also taken into account, the budget impact in year 3 will be €2.3 million. In particular, there is uncertainty about market penetration and thus the number of patients to be treated with alectinib.

Should you need any further information, please do not hesitate to contact us.
The assessment reports have been added as appendices (pharmacotherapeutic report, budget impact analysis, pharmaco-economic report).

Yours sincerely,

M.J. Janssen
Chair of the Executive Board

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