Zorginstituut Nederland

> Return address PO Box 320, 1110 AH Diemen

To the Minister of Health, Welfare and Sport
P.O. Box 20350
2500 EJ THE HAGUE

National Health Care Institute
Research, Development and Medicinal Products
Medicinal Products Team

Willem Dudokhof 1
1112 ZA Diemen
PO Box 320
1110 AH Diemen
www.zorginstituutnederland.nl
info@zinl.nl

T +31 (0)20 - 797 82 2

Contact
A. van der Waal
vragen@zinl.nl

2026002662

Our reference
2026002662

Date 4 February 2026
Re: Lock procedure medicinal product tislelizumab (Tevimbra®) for non-small cell lung cancer (NSCLC)

Dear Mr Bruijn,

The National Health Care Institute advises you on the assessment of tislelizumab (Tevimbra®) for the treatment of locally advanced or metastatic non-small cell lung cancer (NSCLC) from the second line onwards. This advice was prompted by the placement of tislelizumab in the lock procedure for expensive medicinal products. The National Health Care Institute advises you to include tislelizumab in the basic health insurance package for this indication, provided that the net price after successful price negotiations does not exceed the net price of the other PD-(L)1 inhibitors used for this indication.

The most common form of lung cancer is non-small cell lung cancer. This form usually grows slowly. Every year, more than 10,000 people in the Netherlands are diagnosed with non-small cell lung cancer. These are mainly people aged 60 years and over. The 5-year survival rate for patients with metastatic non-small cell lung cancer is less than 10%. In the Netherlands, these patients are usually treated with immunotherapy such as pembrolizumab, nivolumab or atezolizumab in the first line. These medicinal products are called PD-(L)1 inhibitors. Patients may also be treated with platinum-containing chemotherapy.

Registered indication
Tislelizumab (Tevimbra®) is indicated as monotherapy for the treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) after prior platinum-based therapy. Patients with epidermal growth factor receptor (EGFR) mutant or *Anaplastic Lymphoma Kinase* (ALK) positive NSCLC should also have received targeted therapies before receiving tislelizumab.

Tislelizumab is also indicated for other forms of (lung) cancer. Tislelizumab is not (yet) reimbursed for these other indications.

Claim by the marketing authorisation holder
Tislelizumab (Tevimbra®) has an equivalent value to nivolumab and atezolizumab for the above indication.

Reimbursement advice
The National Health Care Institute advises you to include tislelizumab (Tevimbra®) in the basic health insurance package for the indication mentioned, provided that the net price after successful price negotiations does not exceed the net price of the other PD-(L)1 inhibitors that are available for this indication. The National Health Care Institute has established that, in the aforementioned indication, tislelizumab meets the legal criterion of 'established medical science and medical practice' and that there is an equal value compared to this standard treatment.

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We explain the preparation of this reimbursement advice 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 health insurance package paid from joint premiums.

The National Health Care Institute assesses on the basis of the four reimbursement criteria[1]: effectiveness[2]cost-effectiveness[3], necessity[4] and feasibility[5]. Stakeholders were consulted during the process.

Comprehensive weighting of reimbursement criteria
Effectiveness
Established medical science and medical practice
In the randomised study (RCT) RATIONAL-303, tislelizumab was compared with docetaxel as a treatment in patients with locally advanced or metastatic non-small cell lung cancer who had previously been treated with platinum-containing chemotherapy. The results from this study were indirectly compared with the results from various RCTs in which nivolumab and atezolizumab were investigated. This shows that all of these medicinal products have a similar effect on overall survival. Furthermore, there appear to be no relevant differences in the effects on quality of life or in the adverse effects.

Therefore, the National Health Care Institute has concluded that tislelizumab meets the established medical science and medical practice for the above indication and has an equivalent value to standard treatment with nivolumab or atezolizumab.

Cost-effectiveness
Due to its equal value, the National Health Care Institute has not assessed its cost-effectiveness.

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[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 (2024) 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 reimbursement criterion of feasibility deals with whether it is feasible or sustainable to include a specific type of care in the basic health insurance package. It is therefore mainly a test of a number of implementation aspects, such as the healthcare organisation, the support base, ethical and legal aspects, budget impact, etc. See the report on real-world package management 4 (2023).

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Feasibility
Budget impact analysis
The National Health Care Institute estimates that 31 patients will be treated with tislelizumab for the aforementioned indication in year 3 after inclusion in the package. The total costs per patient per year are €66,305. This results in possible macro costs of €1.7 million in the third year. When substitution of other PD-(L)1 inhibitors is also taken into account, the budget impact in year 3 will be savings of €304,189. Because there are financial arrangements for all PD-(L)1 inhibitors, the actual budget impact will be higher.

Should you need any further information, please do not hesitate to contact us.

Yours sincerely,

K.C. Timm-van Ruitenburg
Deputy Chair of the Executive Board

Annexes:
- Pharmacotherapeutic report
- Budget impact analysis