A.30	Osimertinib – non-small cell lung cancer – EML		
Draft recommendation		☐ Recommended	
		☑ Not recommended	
		Treatment for advanced <i>EGFR</i> -mutant NSCLC, with first- and second-generation TKIs, has significantly improved progression-free survival.	
		OS has not shown improvement due to a significant cross-over of patients being given chemotherapy in all trials.	
		These drugs are already approved and on the EML list with widely available generics.	
Does the proposed medicine address a relevant public health need?		⊠ Yes	
		□ No	
		□ Not applicable	
		Comments:	
Does adequate evidence exist for the		⊠ Yes	
efficacy/effectiveness of the medicine for the proposed indication?		□No	
(this may be evidence included in the application, and/or additional evidence		□ Not applicable	
		Comments:	
identified during the review process)			
Does adequate evidence exist for the safety/harms associated with the		⊠ Yes	
proposed med		□No	
(this may be evidence included in the		□ Not applicable	
,	nd/or additional evidence	Comments:	
identified duri	ng the review process)		
Are there any adverse effects of		☐ Yes	
monitoring?	at may require special	⊠ No	
		□ Not applicable	
		Comments:	

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Are there any special requirements for	□ Yes
the safe, effective and appropriate use of the medicines?	□No
(e.g. laboratory diagnostic and/or	□ Not applicable
monitoring tests, specialized training for health providers, etc)	Comments: Like the first and second line TKIs for lung cancer. EGFR mutation analysis needs to be performed prior to administering the drug.
Are there any issues regarding cost,	☐ Yes
cost-effectiveness, affordability and/or access for the medicine in different	□ No
settings?	☐ Not applicable
	Comments: Osimertinib is more effective in EGFR mutated patients with brain metastasis and in patients with T790M.
	The incremental cost of the drug does not justify its inclusion in the EML list.
	Availability of generics is very limited.
Are there any issues regarding the registration of the medicine by national regulatory authorities?	☐ Yes ☑ No
(e.g. accelerated approval, lack of regulatory approval, off-label indication)	□ Not applicable Comments:
Is the proposed medicine recommended for use in a current WHO	□Yes
guideline?	⊠ No
(refer to:	☐ Not applicable
https://www.who.int/publications/who-guidelines)	Comments: It will be good to re-evaluate Osimertinib once generics are more widely available making it more cost effective for the public.