Resolution

Gemeinsamer Bundesausschuss

of the Federal Joint Committee (G-BA) on an Amendment of the Pharmaceuticals Directive (AM-RL): Annex XII – Benefit Assessment of Medicinal Products with New Active Ingredients According to Section 35a SGB V Sofosbuvir (New Therapeutic Indication: Chronic Hepatitis C in Patients, 3 to < 12 Years)

of 21 January 2021

At its session on 21 January 2021 the Federal Joint Committee (G-BA) resolved to amend the Pharmaceuticals Directive, (AM-RL) in the version dated 18 December 2008/22 January 2009 (Federal Gazette, BAnz. No. 49a of 31 March 2009), as last amended on DD Month YYYY (Federal Gazette, BAnz AT DD MM YYYY BX), as follows:

I. In Annex XII, the following information shall be added after No. 4 to the information on the benefit assessment of sofosbuvir in accordance with the resolution of 5 April 2018:

Sofosbuvir

Resolution of: 21 January 2021
Entry into force on: 21 January 2021
Federal Gazette, BAnz AT DD MM YYYY Bx

New therapeutic indication (according to the marketing authorisation of 25 June 2020):

Sovaldi is indicated in combination with other medicinal products for the treatment of chronic hepatitis C (CHC) in adults and paediatric patients aged 3 years and above.

Therapeutic indication of the resolution (resolution of 21 January 2021):

Sovaldi is indicated in combination with other medicinal products for the treatment of chronic hepatitis C (CHC) in children aged 3 to 12 years.

1. Additional benefit of the medicinal product in relation to the appropriate comparator therapy

Patients aged 3 to < 12 years with chronic hepatitis C, genotype 2 or 3

Appropriate comparator therapy:

Monitoring wait-and-see approach

Extent and probability of the additional benefit of sofosbuvir in combination with ribavirin compared with a monitoring wait-and-see approach:

Hint for a non-quantifiable additional benefit

Study results according to endpoints:[1]

Patients aged 3 to < 12 years with chronic hepatitis C, genotype 2 or 3

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ Risk of bias	Summary
Mortality	n.a.	No comparative data are available; no deaths occurred.
Morbidity	↑	Advantages in sustained virological response.
Health-related quality of life	n.a.	No comparative data are available.
Side effects	n.a.	No comparative data are available; no hint for relevant disadvantages.

1 Data from the dossier assessment of the IQWiG (A20-64) unless otherwise indicated.

Explanations:
↑: statistically significant and relevant positive effect with low/unclear reliability of data
↓: statistically significant and relevant negative effect with low/unclear reliability of data
↑↑: statistically significant and relevant positive effect with high reliability of data
↓↓: statistically significant and relevant negative effect with high reliability of data
↔: no statistically significant or relevant difference
∅: There are no usable data for the benefit assessment.
n.a.: not assessable

Study 1112: Single-arm

Patients with genotype 2 infection:

Endpoint category; Endpoint	**Sofosbuvir + ribavirin (12 weeks)**	
Mortality		
	N	**Patients with event n (%)**
Overall mortality	18	0 (0)
Morbidity		
SVR12 SVR24	18 18	17 (94.4) 17 (94.4)
Health-related quality of life		
	N	**MV (SD)**
PedsQL 4.0 SF15 total score [a)] - Values at the start of study - Change at FU week 24 [b)]	 13 [c)]	 84.2 (10.13) −2.9 (13.27)
Side effects		
	N	**Patients with event n (%)**
AE	18	14 (77.8)
SAE	18	0 (0)
Discontinuation because of AE	18	1 (5.6)

a) Higher (increasing) values mean better quality of life. For children aged 3 to 4 years, the questionnaire was completed by parents or legal guardians only.
b) In the case of missing values for FU week 24, the last available value after the end of treatment was imputed.
c) Number of patients who were taken into account in the evaluation for the calculation of the estimation of the effect; the values at the start of study (at other times if necessary) can be based on other patient numbers.

MV: mean value; SD: standard deviation; PedsQL 4.0 SF15: Paediatric Quality of Life Inventory Version 4.0 Short Form 15; SAE: serious adverse event; SVR12/24: sustained virological response 12/24 weeks after the end of therapy; AE: adverse event

Patients with genotype 3 infection:

Endpoint category; Endpoint	Sofosbuvir + ribavirin (24 weeks)	
Mortality		
	N	**Patients with event n (%)**
Overall mortality	36	0 (0)
Morbidity		
SVR12 SVR24	36 36	36 (100) 36 (100)
Health-related quality of life		
	N	**MV (SD)**
PedsQL 4.0 SF15 total score [a)] - Values at the start of study - Change at FU week 24 [b)]	 33 [c)]	 81.1 (14.22) 1.7 (14.53)
Side effects		
	N	**Patients with event n (%)**
AE	36	34 (94.4)
SAE	36	1 (2.8)
Discontinuation because of AE	36	0 (0)

a) Higher (increasing) values mean better quality of life. For children aged 3 to 4 years, the questionnaire was completed by parents or legal guardians only.
b) In the case of missing values for FU week 24, the last available value after the end of treatment was imputed.
c) Number of patients who were taken into account in the evaluation for the calculation of the estimation of the effect; the values at the start of study (at other times if necessary) can be based on other patient numbers.

MV: mean value; SD: standard deviation; PedsQL 4.0 SF15: Paediatric Quality of Life Inventory Version 4.0 Short Form 15; SAE: serious adverse event; SVR12/24: sustained virological response 12/24 weeks after the end of therapy; AE: adverse event

2. Number of patients or demarcation of patient groups eligible for treatment

Patients aged 3 to < 12 years with chronic hepatitis C, genotype 2 or 3

approx. 30–50 patients

3. Requirements for a quality-assured application

The requirements in the product information are to be taken into account. The European Medicines Agency (EMA) provides the contents of the product information (summary of product characteristics, SmPC) for Sovaldi (active ingredient: sofosbuvir) at the following publicly accessible link (last access: 8 December 2020):

https://www.ema.europa.eu/en/documents/product-information/sovaldi-epar-product-information_de.pdf

Treatment with sofosbuvir should only be initiated and monitored by a physician experienced in the treatment of chronic hepatitis C.

4. Treatment costs

Annual treatment costs:

Patients aged 3 to < 12 years with chronic hepatitis C, genotype 2 or 3

Designation of the therapy	Annual treatment costs/patient
Medicinal product to be assessed:	
Sofosbuvir plus ribavirin 12 weeks	
Sofosbuvir 200 mg – 400 mg FCT	€ 43,041.81
Ribavirin	€ 627.78 – 1,674.09
Total:	€ 43,669.59 – 44,715.90
Sofosbuvir plus ribavirin 24 weeks	
Sofosbuvir 200 mg – 400 mg FCT	€ 86,083.62
Ribavirin	€ 1,255.56 – 3,348.17
Total:	€ 87,339.18 – 89,431.79
Sofosbuvir 150 mg granules[2]	not quantifiable
Appropriate comparator therapy:	
Monitoring wait-and-see approach	not quantifiable

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 January 2021

Costs for additionally required SHI services:

Designation of the therapy	Costs/patient
Medicinal product to be assessed:	
Sofosbuvir plus ribavirin	
Determination of HCV-RNA	€ 89.50 – 268.50

2 Sofosbuvir granulate is currently not available on the German market; a cost presentation is therefore not possible.

I. The resolution will enter into force on the day of its publication on the internet on the website of the G-BA on 21 January 2021.

The justification to this resolution will be published on the website of the G-BA at www.g-ba.de.

Berlin, 21 January 2021

Federal Joint Committee
in accordance with Section 91 SGB V
The Chair

Prof. Hecken