

# Resolution



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 substances according to Section 35a  
SGB V

Ivacaftor (new indication: cystic fibrosis, combination  
therapy with tezacaftor/ivacaftor in patients aged 6 <  
12 years (heterozygous with regard to F508del and RF  
mutation))

of 20 May 2021

At its session on 20 May 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 ivacaftor in accordance with the  
resolution of 20 May 2021:**

## **Ivacaftor**

Resolution of: 20 May 2021

Entry into force on: 20 May 2021

BAnz AT DD. MM YYYY Bx

### **New therapeutic indication (according to the marketing authorisation of 25 November 2020):**

Kalydeco tablets are used in combination with tezacaftor/ivacaftor tablets to treat adults, adolescents, and children 6 years of age and older with cystic fibrosis (CF) who are homozygous for the F508del-Mutation or heterozygous for the F508del-Mutation and have one of the following mutations in the CFTR gene: P67L, R117C, L206W, R352Q, A455E, D579G, 711+3A→G, S945L, S977F, R1070W, D1152H, 2789+5G→A, 3272-26A→G and 3849+10kbC→T.

### **Therapeutic indication of the resolution (resolution of 20 May 2021):**

Kalydeco tablets are used as part of a combination treatment with tezacaftor/ivacaftor tablets for the treatment of children 6 years < 12 years of age with cystic fibrosis (CF) who are heterozygous for the F508del-Mutation and have one of the following mutations in the CFTR gene: P67L, R117C, L206W, R352Q, A455E, D579G, 711+3A→G, S945L, S977F, R1070W, D1152H, 2789+5G→A, 3272-26A→G and 3849+10kbC→T.

<b>1. Additional benefit of the medicinal product in relation to the appropriate comparator therapy</b>
---

Children with cystic fibrosis aged 6 < 12 years who are heterozygous for the F508del-Mutation and have any of the following mutations in the CFTR gene: P67L, R117C, L206W, R352Q, A455E, D579G, 711+3A→G, S945L, S977F, R1070W, D1152H, 2789+5G→A, 3272-26A→G, and 3849+10kbC→T.

#### **Appropriate comparator therapy:**

Best supportive care

Best Supportive Care (BSC) is understood to be the therapy that ensures the best possible, patient-individually optimised, supportive treatment to alleviate symptoms and improve the quality of life (in particular antibiotics for pulmonary infections, mucolytics, pancreatic enzymes for pancreatic insufficiency, physiotherapy (as defined in the Remedies Directive), with exhaustion of all possible dietary measures).

#### **Extent and probability of the additional benefit of ivacaftor in combination with Tezacaftor/Ivacaftor compared to the appropriate comparator therapy:**

An additional benefit is not proven.

### Study results according to endpoints:

Children with cystic fibrosis aged 6 < 12 years who are heterozygous for the F508del-Mutation and have any of the following mutations in the CFTR gene: P67L, R117C, L206W, R352Q, A455E, D579G, 711+3A→G, S945L, S977F, R1070W, D1152H, 2789+5G→A, 3272-26A→G, and 3849+10kbC→T.

No adequate data are available to allow an assessment of the additional benefit.

### Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ Risk of bias	Summary
Mortality	n.c.	There are no evaluable data.
Morbidity	n.c.	There are no evaluable data.
Health-related quality of life	n.c.	There are no evaluable data.
Side effects	n.c.	There are no evaluable data.
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 is no usable data for the benefit assessment. n.a.: not assessable		

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

Children with cystic fibrosis aged 6 < 12 years who are heterozygous for the F508del-Mutation and have any of the following mutations in the CFTR gene: P67L, R117C, L206W, R352Q, A455E, D579G, 711+3A→G, S945L, S977F, R1070W, D1152H, 2789+5G→A, 3272-26A→G, and 3849+10kbC→T.

approx. 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 Kalydeco (active ingredient: ivacaftor) at the following publicly accessible link (last access: 1 April 2021):

[https://www.ema.europa.eu/en/documents/product-information/kalydeco-epar-product-information\\_de.pdf](https://www.ema.europa.eu/en/documents/product-information/kalydeco-epar-product-information_de.pdf)

Treatment with ivacaftor should only be initiated and monitored by doctors experienced in treating patients with cystic fibrosis.

#### 4. Treatment costs

##### Annual treatment costs:

Name of therapy	Annual treatment costs/patient
Medicinal product to be assessed:	
Ivacaftor <sup>1</sup>	€100,977.84 – €101,032.65
+ Tezacaftor/ Ivacaftor	€ 65,032.44
<i>Total:</i>	€ 166,010.28 – € 166,065.09
Best supportive care	Patient-individual
Appropriate comparator therapy:	
Best supportive care	Patient-individual

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

Costs for additionally required SHI services: not applicable

**II. The resolution will enter into force on the day of its publication on the internet on the G-BA website on 20 May 2021.**

The justification for this resolution will be published on the website of the G-BA at [www.g-ba.de](http://www.g-ba.de).

Berlin, 20 May 2021

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

Prof. Hecken

<sup>1</sup> The range of ivacaftor is based on different doses depending on body weight (<30 kg bw or ≥30 kg bw, respectively)