Gemeinsamer Bundesausschuss

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 Ingredients according to Section 35a SGB V Upadacitinib (New Therapeutic Indication: Ankylosing spondylitis)

of 15 July 2021

At its session on 15 July 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 upadacitinib in accordance with the resolution of 15 July 2021:

Upadacitinib

Resolution of: 15 July 2021
Entry into force on: 15 July 2021
BAnz AT TT. MM YYYY Bx

New therapeutic indication (according to the marketing authorisation of 22 January 2021):

RINVOQ is indicated for the treatment of active ankylosing spondylitis in adult patients who have responded inadequately to conventional therapy.

Therapeutic indication of the resolution (resolution of 15 July 2021):

see new therapeutic indication according to marketing authorisation.

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

a1) Adults with active radiographic axial spondyloarthritis who have had an inadequate response to conventional therapy

Appropriate comparator therapy:
a TNF-α inhibitor (etanercept or adalimumab or infliximab or golimumab or certolizumab pegol) or an IL17 inhibitor (secukinumab)

Extent and probability of the additional benefit of upadacitinib compared to the appropriate comparator therapy:

An additional benefit is not proven

a2) Adults with active radiographic axial spondyloarthritis who have had an inadequate response to, or intolerance to, prior biologic antirheumatic drug (bDMARD) therapy

Appropriate comparator therapy:
switching to a different biological disease-modifying antirheumatic drug: TNF-α inhibitor (adalimumab or certolizumab pegol or etanercept or golimumab or infliximab) or IL17 inhibitor (secukinumab)

Extent and probability of the additional benefit of upadacitinib compared to the appropriate comparator therapy:

An additional benefit is not proven

Study results according to endpoints:[1]

[1] Data from the dossier assessment of the Institute for Quality and Efficiency in Health Care (IQWiG) (A21-16) unless otherwise indicated.

a1) Adults with active radiographic axial spondyloarthritis who have had an inadequate response to conventional therapy

Summary of results for relevant clinical endpoints

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

No suitable data submitted.

a2) Adults with active radiographic axial spondyloarthritis who have had an inadequate response to, or intolerance to prior biologic antirheumatic drug (bDMARD) therapy

Summary of results for relevant clinical endpoints

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

No suitable data submitted.

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

a1) Adults with active radiographic axial spondyloarthritis who have had an inadequate response to conventional therapy

approx. 10,700 patients

a2) Adults with active radiographic axial spondyloarthritis who have had an inadequate response to, or intolerance to prior biologic antirheumatic drug (bDMARD) therapy

approx. 6,100 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 Rinvoq (active ingredient: upadacitinib) at the following publicly accessible link (last access: 11 March 2021):
https://www.ema.europa.eu/documents/product-information/rinvoq-epar-product-information_de.pdf

Treatment with upadacitinib should be initiated and supervised by a healthcare professional experienced in diagnosing and treating conditions for which upadacitinib is indicated.

In accordance with the European Medicines Agency (EMA) requirements regarding additional risk minimisation measures, the pharmaceutical company must provide training material and a patient identification card. The training material for medical professionals includes instructions on how to manage the potential side effects associated with upadacitinib, particularly severe and opportunistic infections including TB and herpes zoster.

The use of the drug must also be carefully weighed against established therapies against the background of a comparatively new mode of action and the associated still existing uncertainties in the risk profile.

Consider discontinuing treatment in patients with ankylosing spondylitis who do not show a clinical response after 16 weeks of treatment. Some patients with an initial partial response may improve during the course of continued treatment beyond 16 weeks.

4. Treatment costs

Annual treatment costs:

a1) Adult patients with active radiographic axial spondyloarthritis who have had an inadequate response to conventional therapy

Designation of the therapy	Annual treatment costs/patient
Medicinal product to be assessed:	
Upadacitinib Additionally required SHI services Total	€ 15,056.17 € 180.64 € 15,236.81
Appropriate comparator therapy:	
Adalimumab Additionally required SHI services Total	€ 11,434.37 € 180.64 € 11,615.01
Certolizumab pegol Additionally required SHI services Total	€ 12,428.65 € 180.64 € 12,609.29
Etanercept Additionally required SHI services Total	€ 11,412.46 € 180.64 € 11,593.10
Golimumab Additionally required SHI services Total	€ 10,415.64 € 180.64 € 10,596.28
Infliximab Additionally required SHI services Total	€ 16,683.89 - € 22,330.74 € 180.64 € 16,864.53 - € 22,511.38
Secukinumab	€ 10,343.44 - € 20,686.88

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 June 2021)

Other SHI services:

Designation of therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Infliximab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	1	6.5 - 8.7	€ 461.50 - € 617.70

a2) Adult patients with active radiographic axial spondyloarthritis who have had an inadequate response to, or intolerance to prior biologic antirheumatic drug (bDMARD) therapy

Designation of the therapy	Annual treatment costs/patient
Medicinal product to be assessed:	
Upadacitinib Additionally required SHI services Total	€ 15,056.17 € 180.64 € 15,236.81
Appropriate comparator therapy:	
Adalimumab Additionally required SHI services Total	€ 11,434.37 € 180.64 € 11,615.01
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Golimumab Additionally required SHI services Total	€ 10,415.64 € 180.64 € 10,596.28
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Costs after deduction of statutory rebates (LAUER-TAXE® as last revised: 15 June 2021)

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Infliximab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	1	6.5 - 8.7	€ 461.50 – € 617.70

II. The resolution will enter into force on the day of its publication on the internet on the website of the G-BA on 15 July 2021.

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

Berlin, 15 July 2021

Federal Joint Committee (G-BA)
in accordance with Section 91 SGB V
The Chair

Prof. Hecken