

Resolution

of the Resolution of the Federal Joint Committee (G-BA) on an Amendment of the Pharmaceuticals Directive (AM-L): Annex XII - Benefit Assessment of Medicinal Products with New Active Ingredients according to Section 35a SGB V: Fenfluramine (Dravet syndrome, ≥ 2 years)

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. Annex XII shall be amended in alphabetical order to include the active ingredient fenfluramine as follows:

Fenfluramine

Resolution of: 15 July 2021 Entry into force on: 15 July 2021

BAnz AT TT. MM YYYY Bx

Therapeutic indication (according to the marketing authorisation of 18 December 2020):

Fintepla is indicated for the treatment of seizures associated with Dravet syndrome as an add-on therapy to other anti-epileptic medicines for patients 2 years of age and older.

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

see therapeutic indication according to marketing authorisation.

1. Extend of the additional benefit and significance of the evidence

Fenfluramine is approved as a medicinal product for the treatment of rare diseases in accordance with Regulation (EC) No. 141/2000 of the European Parliament and the Council of 16 December 1999 on orphan drugs. In accordance with section 35a, paragraph 1, sentence 11, 1st half of the sentence German Social Code, Book Five (SGB V), the additional medical benefit is considered to be proven through the grant of the marketing authorisation.

The Federal Joint Committee (G-BA) determines the extent of the additional benefit for the number of patients and patient groups for which there is a therapeutically significant additional benefit in accordance with Chapter 5, Section 12, paragraph 1, number 1, sentence 2 of its Rules of Procedure (VerfO) in conjunction with Section 5, paragraph 8 AM-NutzenV, indicating the significance of the evidence. This quantification of the additional benefit is based on the criteria laid out in Chapter 5, Section 5, paragraph 7, numbers 1 to 4 of the Rules of Procedure (VerfO).

Patients 2 years of age and older with seizures associated with Dravet syndrome

Extend of the additional benefit and significance of the evidence of fenfluramine:

Hint of a considerable additional benefit

Study results according to endpoints:1

Patients 2 years of age and older with seizures associated with Dravet syndrome

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	\leftrightarrow	No deaths occurred.
Morbidity	\uparrow	Benefits in reducing seizures and improving health status
Health-related quality of life	\leftrightarrow	No relevant difference for the benefit assessment
Side effects	\leftrightarrow	For Serious Adverse Events (SAE) and Adverse Events of Special Interest (AESI): No relevant difference for the benefit assessment; For severe adverse events (severe AEs) and adverse events that led to discontinuation of study medication: 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

 $\downarrow \downarrow$ statistically significant and relevant negative effect with high reliability of data

Ø: there are no usable data for the benefit assessment.

n.a.: not assessable

Study 1: RCT 14 weeks.

Study 1504: RCT 15 weeks.

Mortality

Endpoint;		Fenfluramine		Placebo	Fenfluramine vs placebo
	N	Patients with event n (%)	N Patients with event n (%)		Effect estimator
Overall mortality					
Study 1	40	0	40	0	-
Study 1504	43	0	44	0	1

¹Data from the dossier assessment of the G-BA (published on the 3 May 2021), unless otherwise indicated.

Morbidity

		Fenfluran	nine		Placebo	0	Fenfluramin	e vs placebo	
Endpoint; Study	N	MV (SD)	LS Mean Differenc e (SE) ^a	N	MV (SD)	LS Mean Differenc e (SE) ^a	LS Mean Difference ^a [95% CI] p value	Percentage difference ^b [95% CI] p value	
Frequency	of co	nvulsive seiz	ures (norm	nalise	d to 28 days)				
Study 1	40	Baseline: 31.35 (30.56) EoT: 18.24 (31.92)	2.00 (0.12)		Baseline: 44.21 (40.18) EoT: 37.50 (37.97)	3.00 (0.12)	-0.98 [-1.30, -0.65] < 0.001	-62.29 [-72.80; - 47.72] < 0.001	
Study 1504	43	Baseline: 27.90 (36.94) EoT: 24.72 (72.05)	1.94 (0.13)		Baseline: 21.62 (27.65) EoT: 20.97 (27.70)	2.72 (0.13)	-0.78 [-1.12; -0.44] < 0.001	-54.04 [-67.23; - 35.55] < 0.001	
		Placeb	0		Fenflurami	ne	Placebo vs fe	nfluramine	
Endpoint; Study	1	ev	ts with ent (%)	N	Patients wi		Relative	e Risk [95% CI]; p value	
Reduction i	n the	e frequency	of convulsi	ve sei	zures ≥ 25%				
Study 1		40	14 (35.0)	40		36 (90.0)	0.39 [0.25;	0.60]; < 0.0001	
Study 1504							0.39 [0.23; 0.66]; 0.000		
		44	12 (27.3)	43		30 (69.8)	0.39 [0.23	3; 0.66]; 0.0004	
Meta- analysis		44	12 (27.3)	43		30 (69.8)	-	3; 0.66]; 0.0004 0.54]; < 0.0001	
analysis					zures ≥ 50%		-		
analysis	n the				zures ≥ 50%		0.39 [0.28;		
analysis Reduction i	n the	e frequency (of convulsi	ve sei	zures ≥ 50%		0.39 [0.28;	0.54]; < 0.0001	
analysis Reduction i Study 1	n the	e frequency of	of convulsi	ve se i 40	zures ≥ 50%	27 (67.5)	0.39 [0.28; 0.19 [0.08	0.54]; < 0.0001	
analysis Reduction i Study 1 Study 1504 Meta- analysis	n the	e frequency of 40 44	5 (12.5) 2 (4.5)	ve se i 40 43	zures ≥ 50%	27 (67.5)	0.39 [0.28; 0.19 [0.08	0.54]; < 0.0001 3; 0.44]; 0.0001 2; 0.34]; 0.0004	
analysis Reduction i Study 1 Study 1504 Meta- analysis	n the	e frequency of 40 44	5 (12.5) 2 (4.5)	ve se i 40 43	zures ≥ 50% zures ≥ 75%	27 (67.5)	0.39 [0.28; 0.19 [0.08 0.08 [0.02 0.15 [0.07	0.54]; < 0.0001 3; 0.44]; 0.0001 2; 0.34]; 0.0004	

		Placeb	0		Fenflu	ramine	Plac	Placebo vs fenfluramine				
Endpoint; Study	N	eve	ts with ent (%)	N	Patien	ts with eve n (%)	nt	Relati	ve Risk [95% CI]; p value			
Meta- analysis							0	.06 [0.02	1; 0.23]; < 0.0001			
Reduction in	the	frequency o	of convulsi	ve sei	zures ≥	100%						
Study 1	4	10	3 (7.5)	40			0		n.c			
Study 1504	4	13	1 (2.3)	44			0		n.c			
Meta- analysis		n.c										
		Fenfluran	nine		Plac	cebo	Fen	fluramiı	ne vs placebo			
Endpoint; Study	N	eve	ts with ent (%)	N	Patien	ts with eve	nt	Relative Risk [95% CI p valu				
Reduction in	the	frequency o	of convulsi	ve sei	zures>	0%	<u> </u>					
Study 1	4	10	3 (7.5)	40		14 (35.0)		0.21 [0.	07; 0.68]; 0.0088			
Study 1504	4	13	10 (23.3)	44		21 (47.7)		0.49 [0.	26; 0.91]; 0.0236			
Meta- analysis								0.40 [0.	23; 0.70]; 0.0012			
		Fenfl	uramine			Pla	acebo		Fenfluramine vs placebo			
Endpoint; Study	N	Baseline MV (SD)	MV (SD)	LS Mea (SE		N Baseline MV (SD)		LS Mean (SE) (SE)	LS Mean Difference [95% CI] p value			
Frequency of	of non-convulsive seizures (normalised to 28 days)											
Study 1	24	330.73 (756.43)	-207.62 (499.90)		v. 21	67.41 (87.42)	66.20 (419.59)	n. v.	n. v. [n. v.]; 0.046			

Study 1504	177		44.57 (74.80)	33.52 (90.97)	n. v.	22	132.46 (485.24)		n. v.	n. v. [n. v.]; 0.182
			Fenflu	ıramine			P	lacebo		Fenfluramine vs placebo
Endpoint; Study	N		seline V (SD)	MV (SD)	LS Mean (SE)	N	Baseline MV (SD)	MV (SD)	LS Mean (SE) (SE)	LS Mean Difference [95% CI] p value
Frequency o	f co	nvul	sive and	non-conv	ılsive s	eizur	es (total) (r	ormalised t	o 28 day	/s)
Study 1	40		229.79 608.66)	-137.65 (401.12)	n. v.	40	79.60 (86.06)		n. v.	n. v. [n. v.]; < 0.001
Study 1504	43		45.52 (62.40)	10.39 (76.74)	n. v.	44	87.85 (344.77)		n. v.	n. v. [n. v.]; 0.137
			Fenf	luramine			Place	ebo	ı	Fenfluramine vs placebo
Endpoint; Study		N	Distrib	ution of se	izures	N	Distributi	on of seizur		Effect estimator
			Baseline Treatment period ^m			Baseline	Treatmen period ^m		95% CI]; p Value	
Duration of	seiz	ures								
Study 1 < 2 minutes 2-10 minutes > 10 minute		40	24.	N = 39 1.6 72.3 4.2 22.9 4.2 4.8		40	69.3 26.9 3.9	71.3 26.3 2.4		n. d.

Study 1504 < 2 minutes 2-10 minutes > 10 minutes	4	3 83.5 15.9 0.6)	N = 42 81.2 17.3 1.8	2	76 22 1	.1	78 20 1		n. d.
	N	Patier	nts with n (%)	event	N	Patie		with event (%)		Effect estimator 95% CI]; p Value
Status epilept	ticus	suppleme	ntary)							
Study 1	4	0 n. d	. 1	.4 (35.0) 40	n. (d.	11 (27.	5) n	. v. [n. v.]; 0.461
Study 1504	4	3 n. d	. 1	.4 (32.6) 44	n.	d.	8 (18.	2) n	. v. [n. v.]; 0.128
Epilepsy-relat	ed h	ospitalisati	ons (sup	plemen	tary)					
Study 1	4	0 n. d		6 (15.0) 40	n. (d.	9 (22.	5) n	. v. [n. v.]; 0.568
Study 1504	4	3 n. d	. 1	.5 (34.9) 44	n.	d.	8 (29.	5) n	. v. [n. v.]; 0.651
		Placebo		F	enflu	ramine		Placel	oo vs fe	nfluramine
Endpoint; Study	N	Patient eve n (9	nt	N	Pat	ients wit event n (%)	h	Relativ	e Risk [95% CI]; p value
CGI-I Improve	men	:						,		
Study 1	40	1	.2 (30.0)	40		26 (6	5.0)	C	0.47 [0.2	28; 0.80]; 0.0049
Study 1504	44	1	.6 (36.4)	43		26 (60	0.5)	C).57 [0.3	86; 0.90]; 0.0156
Meta- analysis								C).53 [0.3	37; 0.74]; 0.0002
		Fenfluram	ne		Plac	ebo		Fenflu	ıramine	vs placebo
Endpoint; Study	N	Patient eve	nt	N	Pat	ients wit event n (%)	h	Relativ	e Risk [95% CI]; p value
CGI-I deterior	ation	•		•				•		
Study 1	40		5 (12.5)	40		10 (2	5.0)	C	.49 [0.1	.8; 1.29]; 0.1478
Study 1504	43		5 (11.6)	44		3 (6.8)	1	80 [0.4	16; 7.09]; 0.3982
Meta- analysis ⁶⁾								C	0.76 [0.3	34; 1.68]; 0.4931
Endpoint;		Fenfl	ıramine			Plac	cebo	0		nfluramine s placebo
Study	N	Baseline MV (SD)	_	e from eline (SD)		Baseline MV (SD)	I	ange from baseline MV (SD)		Mean Difference 95% CI]; p-value
BRIEF-P / BRII	EF									
BRIEF-P - Glob	oal Ex	ecutive To	tal Score	(GEC)						

For the state		Fenflu	ramine		Plac	ebo	Fenfluramine vs placebo
Endpoint; Study	N	Baseline MV (SD)	Change from baseline MV (SD)	N	Baseline MV (SD)	Change from baseline MV (SD)	LS Mean Difference [95% CI]; p-value
Study 1	6	127.14 (13.87)	0.17 (22.13)	8	138.33 (22.57)	4.13 (7.72)	6.25 [-8.67; 21.17] 0.3876
Study 1504	10	129.10 (20.98)	-1.10 (14.75)	9	130.80 (18.68)	-0.56 (9.07)	0.10 [-13.15; 13.36] 0.9868
BRIEF-P -Inhibito	ory S	elf-Contro	l Index (ISCI)				
Study 1	6	55.43 (6.35)	-3.00 (8.69)	8	57.89 (8.01)	1.13 (4.49)	4.79 [-1.93 11.52]; 0.1500
Study 1504	10	55.10 (11.23)	-2.50 (7.82)	9	54.40 (9.52)	0.33 (6.52)	2.02 [-4.69; 8.72] 0.5297
BRIEF-P - Flexibi	lity I	ndex (FI)			I		
Study 1	6	35.71 (7.78)	0.00 (9.70)	8	40.00 (8.62)	0.00 (3.63)	2.35 [-3.83; 8.53] 0.4322
Study 1504	10	35.80 (9.58)	-0.40 (4.22)	9	34.30 (8.12)	0.11 (2.98)	-0.30 [-4.31; 3.71] 0.8756
BRIEF-P - Metaco	ogni	tive Devel	opment Index	(EM	I)		
Study 1	6	54.57 (10.97)	2.00 (9.34)	8	61.22 (13.01)	2.50 (2.93)	1.28 [-4.98; 7.53] 0.6706
Study 1504	10	57.40 (10.61)	0.30 (9.51)	9	59.70 (8.12)	0.11 (6.13)	0.11 [-7.70; 7.92] 0.9762
BRIEF - Global Ex	(ecu	tive Total	Score (GEC)				
Study 1	30	181.39 (40.87)	-11.03 (29.13)	25	177.38 (40.19)	8.92 24.87	18.48 [5.85; 31.11] 0.0047 Hedges' g [95%-CI]: 0.72 [0.17; 1.27]
Study 1504	23	183.33 (27.92)	5.17 (28.86)	26	189.42 (29.39)	-2.69 (30.72)	-6.30 [-21.61; 9.00] 0.4101
BRIEF - Behaviou	ır Re	gulation I	ndex (BRI)				
Study 1	30	75.13 (18.27)	-4.43 (10.47)	25	73.66 (18.13)	3.04 (8.66)	6.99 [2.48; 11.51] 0.0029 Hedges' g [95%-CI]: 0.76 [0.21; 1.31]
Study 1504	23	74.75 (11.19)	0.43 (9.64)	26	76.50 (13.62)	-1.19 (9.64)	-1.29 [-6.87; 4.29] 0.6420
BRIEF - Metacog	nitic	n Index (N	ΛΙΙ)				

Fuduciate		Fenflu	ramine		Plac	ebo	Fenfluramine vs placebo
Endpoint; Study	MV (SD) ba		_	N	Baseline MV (SD)	Change from baseline MV (SD)	LS Mean Difference [95% CI]; p-value
Study 1	30	106.26 (25.00)	-6.60 (20.68)	25	103.72 (25.12)	5.88 (19.14)	11.32 [2.13; 20.51] 0.0165
							Hedges' g [95%-CI]: 0.62 [0.07; 1.16]
Study 1504	23	108.58 (20.96)			112.92 (18.46)	-1.50 (22.42)	-4.88 [-15.73; 5.97] 0.3687

- a) ANCOVA with stratification factor age and treatment group as independent variables, log seizure frequency at baseline as the covariate, and log-transformed seizure frequency during titration and maintenance phases (with addition +1 to avoid logarithm of zero) as a dependent variable.
- b) Calculated from LS Mean on the logarithmic scale as follows: 100 x [1 exp(LS Mean_{Fenfluramine} LS Mean_{Placebo})].

For further statistical evaluation methodology and endpoint operationalisation, see Benefit Assessment

Abbreviations used: ANCOVA: Analysis of Covariance; BRIEF(-P): Behaviour Rating Inventory of Executive Function (- Preschool Version; CGI-I: Clinical Global Impression scale - Improvement; CMH: Cochran-Mantel-Haenszel; n.d.: no data; CI: Confidence interval; LS: Least Squares; MV: Mean value; n. c.: not calculable; n. a.: not available; OR: Odds Ratio; RR: Relative Risk; SD: Standard deviation; SE: standard error; SMD: Adverse Event

Health-related quality of life

		Placebo	1		Fenfluram	Placebo vs fenfluramine	
Endpoint; Study	n/N (%)	Baseline MV (SD)	Differenc e Week 12 MV (SD)	n/N (%)	Baseline MV (SD)	Differenc e Week 12 MV (SD)	LS-MD [95% CI]; p Value Hedges'g [95% CI]
Change of the	PedsQ	L					
QOLCE – Qua	lity of lif	fe Total					
Study 1	32/40 (80.0)	48.7 (18.1)	5.9 (15.1)	32/40 (80.0)		-1.6 (10.4)	-7.58 [-13.44; -1.72] 0.012 -0.53 [-1.01; -0.04]

		Placebo			Fenfluram	Placebo vs fenfluramine	
Endpoint; Study	n/N (%)	Baseline MV (SD)	Differenc e Week 12 MV (SD)	n/N (%)	Baseline MV (SD)	Differenc e Week 12 MV (SD)	LS-MD [95% CI]; p Value Hedges'g [95% CI]
Study 1504	30/43 (69.8)	52.5 (12.1)	-0.9 (11.8)	36/44 (81.8)	50.2 (16.6)	-0.3 (12.4)	-1.17 [-7.05; 4.70] 0.691 -0.03 [-0.51; 0.46]
Pooled Hedges' g						-0.27	[-0.62; 0.07]; p = 0.12

Abbreviations used: n.d: no data; CI: Confidence interval; MV: Mean value; n. a.: not available; PedsQL: Pediatric Quality of Life Inventory; SD: Standard deviation.

Side effects

Endpoint; Study	Fenfluramine			Placebo	Fenfluramine vs placebo
	N	N Patients with event n (%)		Patients with event n (%)	RR [95% CI] p value
Total rates					
AE					
Study 1	40	38 (95.0)	40	26 (65.0)	-
Study 1504	43	42 (97.7)	44	42 (95.5)	-
Meta-analysis					-
severe AE					
Study 1	40	3 (7.5)	40	2 (5.0)	n. d
Study 1504	43	2 (4.7)	44	0 (0)	n.c
Meta-analysis					n.c
SAE					
Study 1	40	5 (12.5)	40	4 (10.0)	1.17 [0.35; 3.92]; 0.7948

Study 1504	43	6 (14.0)	44	7 (15.9)	0.87 [0.32; 2.38]; 0.7849						
Meta-analysis					0.98 [0.45; 2.13]; 0.9659						
AE, which led to the discontinuation of the study medication											
Study 1	40	5 (12.5)	40	0 (0)	n.c						
Study 1504	43	2 (4.7)	44	1 (2.3)	n. d						
Meta-analysis					n.c						
AESI											
Study 1	40	18 (45.0)	40	10 (25.0)	1.84 [0.99; 3.42]; 0.0526						
Study 1504	43	10 (23.3)	44	10 (22.7)	1.03 [0.48; 2.22]; 0.9434						
Meta-analysis					1.47 [0.91; 2.37]; 0.1201						

Abbreviations used:

AESI: AE of special interest End of Treatment; n. d.: no data; CI: Confidence interval; n: Number; n.c.: not calculable; RR: Relative Risk; (S) AE: (Serious) adverse events

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

Patients 2 years of age and older with seizures associated with Dravet syndrome approx. 450 to 2450 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 Fintepla (active ingredient: fenfluramine) at the following publicly accessible link (last access: 10 March 2021):

https://www.ema.europa.eu/en/documents/product-information/fintepla-epar-product-information de.pdf

Treatment with fenfluramine should only be initiated and monitored by doctors experienced in treating patients with epilepsy.

The European Public Assessment Report (EPAR) states that fenfluramine has not been studied in adults.

In accordance with the European Medicines Agency (EMA) requirements regarding additional measures to risk minimisation, the pharmaceutical company should provide training materials

for all healthcare professionals prescribing, dispensing and administering fenfluramine and to patients receiving fenfluramine.

Educational material for healthcare professionals includes guidance on the risk of valvular heart disease, pulmonary arterial hypertension and non-intended use for weight control.

Patient education materials include a guide regarding the risk of valvular heart disease and pulmonary hypertension.

4. Treatment costs

Annual treatment costs:

Patients 2 years of age and older with seizures associated with Dravet syndrome

Designation of the therapy	Annual treatment costs/patient
Medicinal product to be assessed:	
Fenfluramine	€ 19,066.83 - € 86,647.23
additionally required SHI services	€ 34.15

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

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