Gemeinsamer Bundesausschuss

Resolution

of the Federal Joint Committee on an Amendment of the Pharmaceuticals Directive:

Annex XII - Benefit Assessment of Medicinal Products with New Active Ingredients according to Section 35a SGB V:

Ivacaftor (new therapeutic indication: cystic fibrosis, combination regimen with ivacaftor/ tezacaftor/ elexacaftor in subjects aged 12 years and older (heterozygous for F508del and other or unknown mutations))

of 19 November 2021

At its session on 19 November 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 amended by the publication of the resolution of D. month YYYY (Federal Gazette, BAnz AT DD.MM.YYYY BX), as follows:

I. In Annex XII, the following information shall be additional after No. 4 to the information on the benefit assessment of ivacaftor in accordance with the resolution of 19 November 2021:

Ivacaftor

Resolution of: 19 November 2021
Entry into force on: 19 November 2021
Federal Gazette, BAnz AT DD. MM YYYY Bx

New therapeutic indication (according to the marketing authorisation of 26 April 2021):

Kalydeco tablets are indicated in a combination regimen with ivacaftor/ tezacaftor/ elexacaftor tablets for the treatment of adults and adolescents aged 12 years and older with cystic fibrosis (CF) who have at least one F508del mutation in the CFTR gene.

Therapeutic indication of the resolution (resolution of 19 November 2021):
Kalydeco tablets are indicated in a combination regimen with ivacaftor/ tezacaftor/ elexacaftor tablets for the treatment of subjects aged 12 years and older with cystic fibrosis, who are heterozygous for the F508del mutation in the CFTR gene and carry a mutation on the second allele that is not a minimal function, gating (including R117H) or residual function mutation, or the mutation on the second allele is unknown (other mutations).

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

Subjects aged 12 years and older with cystic fibrosis, who are heterozygous for the F508del mutation in the CFTR gene and show a mutation on the second allele, which is not a minimal function, no gating (including R117H) and no residual function mutation, or the mutation on the second allele is unknown (other mutations)

Appropriate comparator therapy:

Best supportive care

Best Supportive Care (BSC) is defined as the therapy that ensures the best possible, patient-individual 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), making full use of all possible dietary measures).

Extent and probability of the additional benefit of ivacaftor in combination with ivacaftor/ tezacaftor/ elexacaftor compared to the appropriate comparator therapy:

An additional benefit is not proven.

Study results according to endpoints:

Subjects aged 12 years and older with cystic fibrosis, who are heterozygous for the F508del mutation in the CFTR gene and show a mutation on the second allele, which is not a minimal function, no gating (including R117H) and no residual function mutation, or the mutation on the second allele is unknown (other mutations)

No 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	∅	No data available.
Morbidity	∅	No data available.
Health-related quality of life	∅	No data available.
Side effects	∅	No data available.

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

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

Subjects aged 12 years and older with cystic fibrosis, who are heterozygous for the F508del mutation in the CFTR gene and show a mutation on the second allele, which is not a minimal function, no gating (including R117H) and no residual function mutation, or the mutation on the second allele is unknown (other mutations)

approx. 310 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: 11 October 2021):

https://www.ema.europa.eu/en/documents/product-information/kalydeco-epar-product-information_en.pdf

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

4. Treatment costs

Annual treatment costs:

Subjects aged 12 years and older with cystic fibrosis, who are heterozygous for the F508del mutation in the CFTR gene and show a mutation on the second allele, which is not a minimal function, no gating (including R117H) and no residual function mutation, or the mutation on the second allele is unknown (other mutations)

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Ivacaftor	€ 82,912.62
+ ivacaftor/ tezacaftor/ elexacaftor	€ 158,139.51
Total:	€ 241,052.13
Best supportive care	Different from patient to patient
Appropriate comparator therapy:	
Best supportive care	Different from patient to patient

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

Costs for additionally required SHI services: not applicable

II. The resolution will enter into force on the day of its publication on the website of the G-BA on 19 November 2021.

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

Berlin, 19 November 2021

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

Prof. Hecken