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: Daratumumab (new therapeutic indication: multiple myeloma, at least 1 prior therapy, combination with Pomalidomide and Dexamethasone)

of 3 February 2022

At its session on 3 February 2022, 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 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 added after No. 4 to the information on the benefit assessment of Daratumumab in the version of the resolution of 20 January 2022:

Daratumumab

Resolution of: 3 February 2022
Entry into force on: 3 February 2022
Federal Gazette, BAnz AT DD. MM YYYY Bx

New therapeutic indication (according to the marketing authorisation of 21 June 2021):

Darzalex is indicated in combination with pomalidomide and dexamethasone for the treatment of adult patients with multiple myeloma who have received one prior therapy containing a proteasome inhibitor and lenalidomide and were lenalidomide-refractory, or who have received at least two prior therapies that included lenalidomide and a proteasome inhibitor and have demonstrated disease progression on or after the last therapy.

Therapeutic indication of the resolution (resolution of 3 February 2022):

see new therapeutic indication according to marketing authorisation

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

a) Adults with multiple myeloma who have received one prior therapy containing a proteasome inhibitor and lenalidomide and were lenalidomide-refractory

Appropriate comparator therapy:

- Bortezomib in combination with pegylated liposomal doxorubicin

or

- bortezomib in combination with dexamethasone

or

- carfilzomib in combination with dexamethasone

or

- daratumumab in combination with bortezomib and dexamethasone

Extent and probability of the additional benefit of daratumumab in combination with pomalidomide and dexamethasone compared with the appropriate comparator therapy:

An additional benefit is not proven.

b1) Adult patients with multiple myeloma who have received at least two prior therapies that included Lenalidomide and a proteasome inhibitor and have demonstrated disease progression on the last therapy

Appropriate comparator therapy:

- Bortezomib in combination with pegylated liposomal doxorubicin

or

- bortezomib in combination with dexamethasone

or

- lenalidomide in combination with dexamethasone

or

- pomalidomide in combination with dexamethasone

or

- elotuzumab in combination with lenalidomide and dexamethasone

or

- elotuzumab in combination with pomalidomide and dexamethasone

or

- carfilzomib in combination with lenalidomide and dexamethasone

or

- carfilzomib in combination with dexamethasone

or

- daratumumab in combination with lenalidomide and dexamethasone

or

- daratumumab in combination with bortezomib and dexamethasone

Extent and probability of the additional benefit of Daratumumab in combination with Pomalidomide and Dexamethasone compared with Pomalidomide in combination with Dexamethasone:

Hint for a minor additional benefit

b2) Adult patients with multiple myeloma who have received at least two prior therapies that included Lenalidomide and a proteasome inhibitor and have demonstrated disease progression after the last therapy

Appropriate comparator therapy:

- Bortezomib in combination with pegylated liposomal doxorubicin

or

- bortezomib in combination with dexamethasone

or

- lenalidomide in combination with dexamethasone

or

- elotuzumab in combination with lenalidomide and dexamethasone

or

- carfilzomib in combination with lenalidomide and dexamethasone

or

- carfilzomib in combination with dexamethasone

or

- daratumumab in combination with lenalidomide and dexamethasone

or

- daratumumab in combination with bortezomib and dexamethasone

Extent and probability of the additional benefit of daratumumab in combination with pomalidomide and dexamethasone compared with the appropriate comparator therapy:

An additional benefit is not proven.

Study results according to endpoints:[1]

a) Adults with multiple myeloma who have received one prior therapy containing a proteasome inhibitor and Lenalidomide and were lenalidomide-refractory

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.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		

[1] Data from the dossier assessment of the IQWiG (A21-101) and from the addendum (A21-170), unless otherwise indicated.

b1) Adult patients with multiple myeloma who have received at least two prior therapies that included lenalidomide and a proteasome inhibitor and have demonstrated disease progression on the last therapy

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	↔	No difference in overall survival
Morbidity	↑	Advantage in the symptom scale of fatigue
Health-related quality of life	↑	Advantages in the scales of emotional functioning and future prospects
Side effects	↔	No relevant difference for the benefit assessment. In detail, disadvantages of specific adverse events.

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

APOLLO study:

- Daratumumab + pomalidomide + dexamethasone versus pomalidomide + dexamethasone
- Data cut-offs: 21.07.2020, 15.11.2020
- Assessment-relevant sub-population of the APOLLO study: Patients who have received at least two prior therapies that included lenalidomide and a proteasome inhibitor and have demonstrated disease progression on the last therapy.

Mortality (data cut-off of 21.07.2020)

Endpoint	Daratumumab + Pomalidomide + Dexamethasone (D-Pd)		Pomalidomide + Dexamethasone (Pd)		D-Pd vs Pd
	N	Median survival time in months [95% CI] *Patients with event n (%)*	N	Median survival time in months [95% CI] *Patients with event n (%)*	Hazard ratio [95% CI] p value[a]
Overall survival					
	106	n.a. [18.79; n.c.] *35 (33)*	105	20.27 [15.47; n.c.] *41 (39)*	0.78 [0.49; 1.24] 0.299

Morbidity (data cut-off of 21.07.2020)

Endpoint	Daratumumab + Pomalidomide + Dexamethasone (D-Pd)		Pomalidomide + Dexamethasone (Pd)		D-Pd vs Pd
	N	Median time in months [95% CI] *Patients with event n (%)*	N	Median time in months [95% CI] *Patients with event n (%)*	Hazard ratio [95% CI] p value[a] Absolute difference (AD)[b]
Progression-free survival (PFS)[c]					
	106	9.23 [6.54; 13.11] *78 (73.6)*	105	6.34 [3.98; 8.54] *90 (85.7)*	0.62 [0.45; 0.85] 0.0028 AD = 2.89 months
Disease symptomatology (time to confirmed permanent deterioration)[d,e]					
Symptom scales of the EORTC QLQ-C30					
Pain	106	n.a. [20.73; n.c.] *23 (21.7)*	105	25.27 [13.04; n.c.] *25 (23.8)*	0.66 [0.36; 1.19] 0.168
Fatigue	106	25.00 [18.69; 35.45] *35 (33.0)*	105	12.95 [8.35; 16.92] *43 (41.0)*	0.51 [0.32; 0.83] 0.007 AD = 12.05 months

(continuation)

Endpoint	Daratumumab + Pomalidomide + Dexamethasone (D-Pd)		Pomalidomide + Dexamethasone (Pd)		D-Pd vs Pd
	N	Median time in months [95% CI] *Patients with event n (%)*	N	Median time in months [95% CI] *Patients with event n (%)*	Hazard ratio [95% CI] p value[a] Absolute difference (AD)[b]
Nausea and vomiting	106	n.a. [n.a.; n.a.] *9 (8.5)*	105	n.a. [n.a.; n.a.] *10 (9.5)*	0.75 [0.30; 1.87] 0.535
Dyspnoea	106	n.a. [29.63; n.c.] *8 (7.5)*	105	24.34 [18.92; n.c.] *11 (10.5)*	0.45 [0.17; 1.18] 0.104
Insomnia	106	n.a. [n.a.; n.a.] *12 (11.3)*	105	n.a. [19.98; n.c.] *13 (12.4)*	0.81 [0.36; 1.80] 0.602
Loss of appetite	106	n.a. [27.80; n.c.] *12 (11.3)*	105	n.a. [n.a.; n.a.] *12 (11.4)*	0.70 [0.31; 1.61] 0.404
Constipation	106	n.a. [21.82; n.c.] *12 (11.3)*	105	n.a. [17.77; n.c.] *16 (15.2)*	0.56 [0.26; 1.22] 0.146
Diarrhoea	106	n.a. [29.63; n.c.] *8 (7.5)*	105	23.34 [18.92; n.c.] *11 (10.5)*	0.45 [0.17; 1.18] 0.104
Symptom scales of the EORTC QLQ-MY20					
Symptoms of disease	106	n.a. [n.a.; n.a.] *16 (15.1)*	105	n.a. [18.66; n.c.] *18 (17.1)*	0.67 [0.33; 1.33] 0.247
Side effect of the therapy	106	24.87 [18.27; n.c.] *21 (19.8)*	105	24.34 [14.03; n.c.] *22 (21.0)*	0.65 [0.35; 1.22] 0.182

(continuation)

Endpoint	Daratumumab + Pomalidomide + Dexamethasone (D-Pd)		Pomalidomide + Dexamethasone (Pd)		D-Pd vs Pd
	N	Median time in months [95% CI] *Patients with event n (%)*	N	Median time in months [95% CI] *Patients with event n (%)*	Hazard ratio [95% CI] p value[a] Absolute difference (AD)[b]
Health status					
EQ-5D VAS – time to confirmed permanent deterioration[d,f]					
≥ 15 points	106	n.a. [19.32; n.c.] *23 (21.7)*	105	n.a. [18.99; n.c.] *17 (16.2)*	1.12 [0.59; 2.13] 0.724
≥ 10 points	106	20.73 [19.45; n.c.] *31 (29.2)*	105	18.99 [11.30; n.c.] *31 (29.5)*	0.88 [0.53; 1.47] 0.635
≥ 7 points	106	20.73 [17.77; n.c.] *32 (30.2)*	105	17.05 [11.30; 27.53] *34 (32.4)*	0.81 [0.49; 1.33] 0.409

Health-related quality of life (data cut-off of 21.07.2020)

Endpoint	Daratumumab + pomalidomide + dexamethasone (D-Pd)		Pomalidomide + dexamethasone (Pd)		D-Pd vs Pd
	N	Median time in months [95% CI] *Patients with event n (%)*	N	Median time in months [95% CI] *Patients with event n (%)*	Hazard ratio [95% CI] p value[a]
Health-related quality of life (time to confirmed permanent deterioration)[d,g]					
Global health status and functional scales of the EORTC-QLQ-C30					
Global health status	106	25.00 [19.45; n.c.] *25 (23.6)*	105	24.34 [16.53; 27.53] *21 (20.0)*	0.84 [0.46; 1.55] 0.586
Physical functioning	106	27.60 [18.69; n.c.] *28 (26.4)*	105	20.20 [14.03; n.c.] *28 (26.7)*	0.82 [0.49; 1.40] 0.474

(continuation)

Endpoint	Daratumumab + Pomalidomide + Dexamethasone (D-Pd)		Pomalidomide + Dexamethasone (Pd)		D-Pd vs Pd
	N	Median time in months [95% CI] *Patients with event n (%)*	N	Median time in months [95% CI] *Patients with event n (%)*	Hazard ratio [95% CI] p value[a]
Role functioning	106	23.16 [19.19; 35.45] *31 (29.2)*	105	20.04 [18.14; 24.15] *29 (27.6)*	0.77 [0.45; 1.31] 0.335
Emotional functioning	106	n.a. [20.73; n.c.] *17 (16.0)*	105	20.20 [9.56; n.c.] *31 (29.5)*	0.36 [0.19; 0.67] 0.001
Cognitive functioning	106	25.00 [16.79; 32.69] *31 (29.2)*	105	18.20 [11.27; n.c.] *26 (24.8)*	0.74 [0.43; 1.29] 0.292
Social functioning	106	28.71 [19.61; n.c.] *27 (25.5)*	105	21.59 [13.31; n.c.] *27 (25.7)*	0.71 [0.40; 1.25] 0.231
Functional scales of the EORTC QLQ-MY20					
Future prospects	106	n.a. [17.41; n.c.] *24 (22.6)*	105	17.05 [10.55; 20.20] *33 (31.4)*	0.57 [0.33; 0.97] 0.040
Body image	106	20.53 [18.43; 32.69] *28 (26.4)*	105	20.89 [16.79; 24.15] *19 (18.1)*	0.95 [0.52; 1.77] 0.882

Side effects (data cut-off of 15.11.2020)

Endpoint	Daratumumab + Pomalidomide + Dexamethasone (D-Pd)		Pomalidomide + Dexamethasone (Pd)		D-Pd vs Pd
	N	Median time in months [95% CI] *Patients with event n (%)*	N	Median time in months [95% CI] *Patients with event n (%)*	Hazard ratio [95% CI] p value[a]
Total adverse events (presented additionally)					
	104	0.26 [0.20; 0.33] *101 (97.1)*	102	0.23 [0.07; 0.26] *100 (98.0)*	-
Serious adverse events (SAE)					
	104	14.26 [7.75; 17.71] *54 (51.9)*	102	14.29 [6.5; n.c.] *44 (43.1)*	1.16 [0.78; 1.74] 0.470
Severe adverse events (CTCAE grade ≥ 3)					
	104	0.64 [0.49; 0.72] *89 (85.6)*	102	0.72 [0.66; 0.72] *89 (87.3)*	1.05 [0.78; 1.42] 0.747
Therapy discontinuation due to adverse events (≥ 1 active ingredient component)					
	104	n.a. *4 (3.8)*	102	n.a. *3 (2.9)*	0.95 [0.21; 4.32] 0.944
Specific adverse events (severe AEs CTCAE grade ≥ 3)					
Lymphopenia (PT)	104	n.a. *14 (13.5)*	102	n.a. *2 (2.0)*	7.42 [1.68; 32.85] 0.008
Febrile neutropenia (PT)	104	n.a. *9 (8.7)*	102	n.a. *1 (1.0)*	8.75 [1.11; 69.23] 0.040

a HR (including 95% CI) and p value calculated using Cox proportional hazard model with treatment as the only explanatory variable, stratified by number of prior therapies (2-3 vs ≥ 4) and ISS stage (I vs II vs III); p value for overall survival calculated using log-rank test, stratified by number of prior therapies (2-3 vs ≥ 4) and ISS stage (I vs II vs III)
b Indication of absolute difference (AD) only in case of statistically significant difference; own calculation
c Data from the written statement of the pharmaceutical company
d Time to confirmed permanent deterioration: A deterioration by the respective response criterion compared to the start of study, in which the response criterion is considered fulfilled in all subsequent observations until the end of the observation. Death due to disease progression was not defined as deterioration. Patients who reported one-off deterioration at the last survey time point are counted as non-responders.
e An increase in score by ≥ 10 points compared to the start of the study is considered as clinically relevant deterioration (scale range 0 to 100).
f A decrease in score by ≥ 15% of the scale range (0 to 100) compared to the start of the study is considered as clinically relevant deterioration.

g A decrease in score by ≥ 10 points compared to baseline is considered as clinically relevant deterioration (scale range 0 to 100).

Abbreviations used:
CTCAE = Common Terminology Criteria for Adverse Events; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire Core 30; EORTC QLQ-MY20: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire Myeloma Module 20; HR = hazard ratio; ISS: International Staging System; CI = confidence interval; N = number of patients evaluated; n = number of patients with (at least one) event; n.c. = not calculable; n.a. = not achieved; PT = preferred term; VAS = visual analogue scale; vs = versus

b2) Adult patients with multiple myeloma who have received at least two prior therapies that included Lenalidomide and a proteasome inhibitor and have demonstrated disease progression after the last therapy

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.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
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↑↑: 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

a) Adults with multiple myeloma who have received one prior therapy containing a proteasome inhibitor and Lenalidomide and were Lenalidomide-refractory

approx. 640 – 1,050 patients

b1) Adult patients with multiple myeloma who have received at least two prior therapies that included Lenalidomide and a proteasome inhibitor and have demonstrated disease progression on the last therapy

and

b2) Adult patients with multiple myeloma who have received at least two prior therapies that included Lenalidomide and a proteasome inhibitor and have demonstrated disease progression after the last therapy

approx. 2,550 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 Darzalex (active ingredient: daratumumab) at the following publicly accessible link (last access: 29 November 2021):

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

Treatment with daratumumab should only be initiated and monitored by specialists in internal medicine, haematology, and oncology experienced in treating patients with multiple myeloma.

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 and blood banks contains instructions on how to manage the risk of daratumumab interfering with blood typing (indirect antihuman globulin test or indirect Coombs test). Interference with blood typing induced by daratumumab may persist for up to 6 months after the last infusion of the medicinal product; therefore, medical professionals should advise patients to carry their patient identification card with them for up to 6 months after the end of the treatment.

4. Treatment costs

Annual treatment costs:

The annual treatment costs shown refer to the first year of treatment.

a) Adults with multiple myeloma who have received one prior therapy containing a proteasome inhibitor and Lenalidomide and were Lenalidomide-refractory

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Daratumumab in combination with Pomalidomide and Dexamethasone	
Daratumumab	€ 133,585.38
Pomalidomide	€ 111,056.01
Dexamethasone	€ 186.23
Total	€ 244,827.62
Additionally required SHI services	€ 333.38 - € 334.05
Appropriate comparator therapy:	
Bortezomib in combination with pegylated liposomal Doxorubicin	
Bortezomib	€ 31,649.92
Doxorubicin (pegylated, liposomal)	€ 18,773.52
Total	€ 50,423.44
Bortezomib in combination with Dexamethasone	
Bortezomib	€ 15,824.96 - € 31,649.92
Dexamethasone	€ 104.56 - € 169.36
Total	€ 15,929.52 - € 31,819.28
Carfilzomib in combination with Dexamethasone	
Carfilzomib	€ 171,177.42
Dexamethasone	€ 243.53
Total	€ 171,420.95
Additionally required SHI services	€ 106.40

Designation of the therapy	Annual treatment costs/ patient
Daratumumab in combination with Bortezomib and Dexamethasone	
Daratumumab	€ 121,969.26
Bortezomib	€ 31,649.92
Dexamethasone	€ 147.69
Total	€ 153,766.87
Additionally required SHI services	€ 284.60 - € 285.21

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 January 2022)

Other SHI services:

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Medicinal product to be assessed					
Daratumumab in combination with Pomalidomide and Dexamethasone					
Daratumumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	Week 1 - 8: 1 x weekly Week 9 - 24: every 2 weeks From week 25: every 4 weeks	23	€ 1,633
Appropriate comparator therapy:					
Bortezomib in combination with Dexamethasone					
Bortezomib	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	4	16 - 32	€ 1,296 - € 2,592
Bortezomib in combination with pegylated liposomal Doxorubicin					
Bortezomib	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	4	32	€ 2,592

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Doxorubicin (pegylated, liposomal)	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	Day 4 21-day cycle	8	€ 648
Carfilzomib in combination with Dexamethasone					
Carfilzomib	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	6	78	€ 6,318
Daratumumab in combination with Bortezomib and Dexamethasone					
Daratumumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	Week 1 - 9: 1 x every 7 days Week 10 - 24: every 21 days From week 25: every 28 days	21	€ 1,491
Bortezomib	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	4	32	€ 2,592

b1) Adult patients with multiple myeloma who have received at least two prior therapies that included Lenalidomide and a proteasome inhibitor and have demonstrated disease progression on the last therapy

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Daratumumab in combination with Pomalidomide and Dexamethasone	
Daratumumab	€ 133,585.38
Pomalidomide	€ 111,056.01
Dexamethasone	€ 186.23
Total	€ 244,827.62
Additionally required SHI services	€ 333.38 - € 334.05
Appropriate comparator therapy:	
Carfilzomib in combination with Lenalidomide and Dexamethasone	
Carfilzomib	€ 90,845.00
Lenalidomide	€ 102,104.08
Dexamethasone	€ 193.68
Total	€ 193,142.76
Additionally required SHI services	€ 106.40
Carfilzomib in combination with Dexamethasone	
Carfilzomib	€ 171,177.42
Dexamethasone	€ 253.53
Total	€ 171,420.95
Additionally required SHI services	€ 106.40
Bortezomib in combination with Dexamethasone	
Bortezomib	€ 15,824.96 - € 31,649.92
Dexamethasone	€ 104.56 - € 169.36
Total	€ 15,929.52 - € 31,819.28
Bortezomib in combination with pegylated liposomal Doxorubicin	
Bortezomib	€ 31,649.92

Designation of the therapy	Annual treatment costs/ patient
Doxorubicin (pegylated, liposomal)	€ 18,773.52
Total	€ 50,423.44
Lenalidomide in combination with Dexamethasone	
Lenalidomide	€ 102,104.08
Dexamethasone	€ 312.87
Total	€ 102,416.95
Additionally required SHI services	€ 106.40
Elotuzumab in combination with Lenalidomide and Dexamethasone	
Elotuzumab	€ 88,225.80
Lenalidomide	€ 102,104.08
Dexamethasone	€ 416.03
Total	€ 190,745.91
Additionally required SHI services	€ 349.60 - € 350.47
Elotuzumab in combination with Pomalidomide and Dexamethasone	
Elotuzumab	€ 88,225.80
Pomalidomide	€ 111,056.01
Dexamethasone	€ 416.03
Total	€ 199,697.84
Additionally required SHI services	€ 154.02 - € 154.57
Pomalidomide in combination with Dexamethasone	
Pomalidomide	€ 111,056.01
Dexamethasone	€ 193.68
Total	€ 111,249.69
Daratumumab in combination with Lenalidomide and Dexamethasone	
Daratumumab	€ 133,585.38
Lenalidomide	€ 102,104.08
Dexamethasone	€ 186.23
Total	€ 235,875.69

Designation of the therapy	Annual treatment costs/ patient
Additionally required SHI services	€ 333.38 - € 334.05
Daratumumab in combination with Bortezomib and Dexamethasone	
Daratumumab	€ 121,969.26
Bortezomib	€ 31,649.92
Dexamethasone	€ 147.69
Total	€ 153,766.87
Additionally required SHI services	€ 284.60 - € 285.21

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 January 2022)

Other SHI services:

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Medicinal product to be assessed:					
Daratumumab in combination with Pomalidomide and Dexamethasone					
Daratumumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	Week 1 - 8: 1 x weekly Week 9 - 24: every 2 weeks From week 25: every 4 weeks	23	€ 1,633
Appropriate comparator therapy:					
Bortezomib in combination with Dexamethasone					
Bortezomib	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	4	16 - 32	€ 1,296 - € 2,592

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Carfilzomib in combination with Lenalidomide and Dexamethasone					
Carfilzomib	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	1st - 12th cycle: 6 From 13th cycle: 4	76	€ 6,156
Carfilzomib in combination with Dexamethasone					
Carfilzomib	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	6	78	€ 6,318
Daratumumab in combination with Lenalidomide and Dexamethasone					
Daratumumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	Week 1 - 8: 1 x weekly Week 9 - 24: every 2 weeks From week 25: every 4 weeks	23	€ 1,633
Daratumumab in combination with Bortezomib and Dexamethasone					
Daratumumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	Week 1 - 9: 1 x every 7 days Week 10 - 24: every 21 days From week 25: every 28 days	21	€ 1,491

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Bortezomib	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	4	32	€ 2,592
Bortezomib in combination with pegylated liposomal Doxorubicin					
Bortezomib	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	4	32	€ 2,592
Doxorubicin (pegylated, liposomal)	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	Day 4 21-day cycle	8	€ 648
Elotuzumab in combination with Lenalidomide and Dexamethasone					
Elotuzumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	1st - 2nd cycle: 4 From 3rd cycle: 2	30	€ 2,130
Elotuzumab in combination with Pomalidomide and Dexamethasone					
Elotuzumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	1st - 2nd cycle: 4 From 3rd cycle: 1	19	€ 1,349

b2) Adult patients with multiple myeloma who have received at least two prior therapies that included Lenalidomide and a proteasome inhibitor and have demonstrated disease progression after the last therapy

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Daratumumab in combination with Pomalidomide and Dexamethasone	
Daratumumab	€ 133,585.38
Pomalidomide	€ 111,056.01
Dexamethasone	€ 186.23
Total	€ 244,827.62
Additionally required SHI services	€ 333.38 - € 334.05
Appropriate comparator therapy:	
Carfilzomib in combination with Lenalidomide and Dexamethasone	
Carfilzomib	€ 90,845.00
Lenalidomide	€ 102,104.08
Dexamethasone	€ 193.68
Total	€ 193,142.76
Additionally required SHI services	€ 106.40
Carfilzomib in combination with Dexamethasone	
Carfilzomib	€ 171,177.42
Dexamethasone	€ 253.53
Total	€ 171,420.95
Additionally required SHI services	€ 106.40
Bortezomib in combination with Dexamethasone	
Bortezomib	€ 15,824.96 - € 31,649.92
Dexamethasone	€ 104.56 - € 169.36
Total	€ 15,929.52 - € 31,819.28
Bortezomib in combination with pegylated liposomal Doxorubicin	
Bortezomib	€ 31,649.92

Designation of the therapy	Annual treatment costs/ patient
Doxorubicin (pegylated, liposomal)	€ 18,773.52
Total	€ 50,423.44
Lenalidomide in combination with Dexamethasone	
Lenalidomide	€ 102,104.08
Dexamethasone	€ 312.87
Total	€ 102,416.95
Additionally required SHI services	€ 106.40
Elotuzumab in combination with Lenalidomide and Dexamethasone	
Elotuzumab	€ 88,225.80
Lenalidomide	€ 102,104.08
Dexamethasone	€ 416.03
Total	€ 190,745.91
Additionally required SHI services	€ 349.60 - € 350.47
Daratumumab in combination with Lenalidomide and Dexamethasone	
Daratumumab	€ 133,585.38
Lenalidomide	€ 102,104.08
Dexamethasone	€ 186.23
Total	€ 235,875.69
Additionally required SHI services	€ 333.38 - € 334.05
Daratumumab in combination with Bortezomib and Dexamethasone	
Daratumumab	€ 121,969.26
Bortezomib	€ 31,649.92
Dexamethasone	€ 147.69
Total	€ 153,766.87
Additionally required SHI services	€ 284.60 - € 285.21

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 January 2022)

Other SHI services:

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Medicinal product to be assessed:					
Daratumumab in combination with Pomalidomide and Dexamethasone					
Daratumumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	Week 1 - 8: 1 x weekly Week 9 - 24: every 2 weeks From week 25: every 4 weeks	23	€ 1,633
Appropriate comparator therapy:					
Bortezomib in combination with Dexamethasone					
Bortezomib	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	4	16 - 32	€ 1,296 - € 2,592
Carfilzomib in combination with Lenalidomide and Dexamethasone					
Carfilzomib	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	1st - 12th cycle: 6 From 13th cycle: 4	76	€ 6,156
Carfilzomib in combination with Dexamethasone					
Carfilzomib	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	6	78	€ 6,318

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Daratumumab in combination with Lenalidomide and Dexamethasone					
Daratumumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	Week 1 - 8: 1 x weekly Week 9 - 24: every 2 weeks From week 25: every 4 weeks	23	€ 1,633
Daratumumab in combination with Bortezomib and Dexamethasone					
Daratumumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	Week 1 - 9: 1 x every 7 days Week 10 - 24: every 21 days From week 25: every 28 days	21	€ 1,491
Bortezomib	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	4	32	€ 2,592
Bortezomib in combination with pegylated liposomal Doxorubicin					
Bortezomib	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	4	32	€ 2,592
Doxorubicin (pegylated, liposomal)	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	Day 4 21-day cycle	8	€ 648

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Elotuzumab in combination with Lenalidomide and Dexamethasone					
Elotuzumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	1st - 2nd cycle: 4 From 3rd cycle: 2	30	€ 2,130

II. The resolution will enter into force on the day of its publication on the website of the G-BA on 3 February 2022.

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

Berlin, 3 February 2022

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

Prof. Hecken