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: Tofacitinib (new scientific knowledge (Section 13): rheumatoid arthritis, pretreated patients, monotherapy or combination with Methotrexate)

of 17 February 2022

At its session on 17 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. Annex XII is amended as follows:

1. The information on Tofacitinib in the version of the resolution of 1 November 2018 (Federal Gazette, BAnz AT 10.12.2018 B4) is repealed.

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

Tofacitinib

Resolution of: 17 February 2022
Entry into force on: 17 February 2022
Federal Gazette, BAnz AT DD. MM YYYY Bx

Therapeutic indication (according to the marketing authorisation of 22 March 2017):

Tofacitinib in combination with methotrexate (MTX) is indicated for the treatment of moderate to severe active rheumatoid arthritis (RA) in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying antirheumatic drugs (DMARDs) (see section 5.1). Tofacitinib can be given as monotherapy in case of intolerance to MTX or when treatment with MTX is unsuited (see sections 4.4 and 4.5).

Therapeutic indication of the resolution (resolution of 17 February 2022):

Treatment of moderate to severe active rheumatoid arthritis (RA) in adults who have responded inadequately to, or who are intolerant to one or more disease-modifying antirheumatic drugs and are eligible for treatment with tofacitinib. Tofacitinib can be given as monotherapy in case of intolerance to MTX or when treatment with MTX is unsuited.

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

a1) Adults with moderate to severe active rheumatoid arthritis who do not have poor prognostic factors and who have responded inadequately to, or have been intolerant to a prior disease-modifying antirheumatic drug therapy [classical DMARDs, including methotrexate (MTX)] and are eligible for treatment with tofacitinib; tofacitinib in monotherapy for MTX intolerance or MTX unsuitability

Appropriate comparator therapy:

Alternative classical DMARDs, if suitable (leflunomide, sulfasalazine) as mono- or combination therapy

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

An additional benefit is not proven

a2) Adults with moderate to severe active rheumatoid arthritis who do not have poor prognostic factors and who have responded inadequately to, or have been intolerant to a prior disease-modifying antirheumatic drug therapy [classical DMARDs, including methotrexate (MTX)] and are eligible for treatment with tofacitinib; tofacitinib in combination with MTX

Appropriate comparator therapy:

Alternative classical DMARDs, if suitable (MTX, leflunomide, sulfasalazine) as mono- or combination therapy

Extent and probability of the additional benefit of Tofacitinib in combination with MTX compared to the appropriate comparator therapy:

An additional benefit is not proven

b1) Adults with moderate to severe active rheumatoid arthritis for whom a first-time treatment with biologic DMARDs (bDMARDs) or targeted synthetic DMARDs (tsDMARDs) is indicated and who are eligible for treatment with tofacitinib; tofacitinib in monotherapy for MTX intolerance or MTX unsuitability

Appropriate comparator therapy:

bDMARDs or tsDMARDs (adalimumab or baricitinib or certolizumab pegol or etanercept or sarilumab or tocilizumab or upadacitinib) as monotherapy

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

An additional benefit is not proven

b2) Adults with moderate to severe active rheumatoid arthritis for whom first-time therapy with biologic DMARDs (bDMARDs) or targeted synthetic DMARDs (tsDMARDs) is indicated and who are eligible for treatment with tofacitinib; tofacitinib in combination with MTX

Appropriate comparator therapy:

bDMARDs or tsDMARDs (abatacept or adalimumab or baricitinib or certolizumab pegol or etanercept or golimumab or infliximab or sarilumab or tocilizumab or upadacitinib) in combination with MTX

Extent and probability of the additional benefit of Tofacitinib in combination with MTX compared to the appropriate comparator therapy:

An additional benefit is not proven

c1) Adults with moderate to severe active rheumatoid arthritis who have responded inadequately to, or have been intolerant to prior treatment with one or more bDMARDs and/or tsDMARDs and are eligible for treatment with tofacitinib; tofacitinib in monotherapy for MTX intolerance or MTX unsuitability

Appropriate comparator therapy:

Change of bDMARD or tsDMARD therapy (adalimumab or baricitinib or certolizumab pegol or etanercept or sarilumab or tocilizumab or upadacitinib as monotherapy), depending on prior therapy.

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

An additional benefit is not proven

c2) Adults with moderate to severe active rheumatoid arthritis who have responded inadequately to, or have been intolerant to prior treatment with one or more bDMARDs and/or tsDMARDs and are eligible for treatment with tofacitinib; tofacitinib in combination with MTX

Appropriate comparator therapy:

Change of bDMARD or tsDMARD therapy (abatacept or adalimumab or baricitinib or certolizumab pegol or etanercept or golimumab or infliximab or sarilumab or tocilizumab or upadacitinib, in combination with MTX; or in patients with severe rheumatoid arthritis, rituximab, taking into account the respective marketing authorisation status) depending on prior therapy.

Extent and probability of the additional benefit of Tofacitinib in combination with MTX compared to the appropriate comparator therapy:

An additional benefit is not proven

Study results according to endpoints:[1]

a1) Adults with moderate to severe active rheumatoid arthritis who do not have poor prognostic factors and who have responded inadequately to, or have been intolerant to a prior disease-modifying antirheumatic drug therapy [classical DMARDs, including methotrexate (MTX)] and are eligible for treatment with tofacitinib; tofacitinib in monotherapy for MTX intolerance or MTX unsuitability

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	∅	No data submitted.
Morbidity	∅	No data submitted.
Health-related quality of life	∅	No data submitted.
Side effects	∅	No data submitted.
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 data submitted.

a2) Adults with moderate to severe active rheumatoid arthritis who do not have poor prognostic factors and who have responded inadequately to, or have been intolerant to a prior disease-modifying antirheumatic drug therapy [classical DMARDs, including methotrexate (MTX)] and are eligible for treatment with tofacitinib; tofacitinib in combination with MTX

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	∅	No data submitted.
Morbidity	∅	No data submitted.
Health-related quality of life	∅	No data submitted.
Side effects	∅	No data submitted.
Explanations:		

[1] Data from the dossier assessment of the Institute for Quality and Efficiency in Health Care (IQWiG) (A21-115) unless otherwise indicated.

↑: 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 data submitted.

b1) Adults with moderate to severe active rheumatoid arthritis for whom a first-time treatment with biologic DMARDs (bDMARDs) or targeted synthetic DMARDs (tsDMARDs) is indicated and who are eligible for treatment with tofacitinib; tofacitinib in monotherapy for MTX intolerance or MTX unsuitability

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	∅	No data submitted.
Morbidity	∅	No data submitted.
Health-related quality of life	∅	No data submitted.
Side effects	∅	No data submitted.
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 data submitted.

b2) Adults with moderate to severe active rheumatoid arthritis for whom first-time therapy with biologic DMARDs (bDMARDs) or targeted synthetic DMARDs (tsDMARDs) is indicated and who are eligible for treatment with tofacitinib; tofacitinib in combination with MTX

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 relevant data available.

c1) Adults with moderate to severe active rheumatoid arthritis who have responded inadequately to, or have been intolerant to prior treatment with one or more bDMARDs and/or tsDMARDs and are eligible for treatment with tofacitinib; tofacitinib in monotherapy for MTX intolerance or MTX unsuitability

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	∅	No data submitted.
Morbidity	∅	No data submitted.
Health-related quality of life	∅	No data submitted.
Side effects	∅	No data submitted.
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 data submitted.

c2) Adults with moderate to severe active rheumatoid arthritis who have responded inadequately to, or have been intolerant to prior treatment with one or more bDMARDs and/or tsDMARDs and are eligible for treatment with tofacitinib; tofacitinib in combination with MTX

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	∅	No data submitted.
Morbidity	∅	No data submitted.
Health-related quality of life	∅	No data submitted.
Side effects	∅	No data submitted.
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 data submitted.

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

a) Adults with moderate to severe active rheumatoid arthritis who do not have poor prognostic factors and who have responded inadequately to, or have been intolerant to a prior disease-modifying antirheumatic drug therapy [classical DMARDs, including methotrexate (MTX)] and are eligible for treatment with tofacitinib (a1+a2)

approx. 2,500 – 10,200 patients

b) Adults with moderate to severe active rheumatoid arthritis for whom first-time therapy with biologic DMARDs (bDMARDs) or targeted synthetic DMARDs (tsDMARDs) is indicated and who are eligible for treatment with tofacitinib (b1+b2)

approx. 18,500 – 62,000 patients

c) Adults with moderate to severe active rheumatoid arthritis who have responded inadequately to, or have been intolerant to prior treatment with one or more bDMARDs and/or tsDMARDs and are eligible for treatment with tofacitinib (c1+c2)

approx. . 6,100 – 21,300 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 Xeljanz (active ingredient: tofacitinib) at the following publicly accessible link (last access: 10 January 2022):

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

In accordance with the European Medicines Agency (EMA) requirements regarding additional risk minimisation measures, the pharmaceutical company must provide training material that contains information for medical professionals and patients. The training material includes instructions on how to manage the potential side effects associated with tofacitinib, particularly severe and opportunistic infections including tuberculosis and herpes zoster. It also points out the need for an effective contraceptive method.

Therapy should be started by a doctor experienced in the diagnosis and treatment of rheumatoid arthritis.
With the start of the reassessment due to new scientific knowledge, warnings and precautions for the use of tofacitinib were added to the product information under 4.4 or updated in consultation with the EMA. These must be taken into account when using tofacitinib.

Use in patients over 65 years of age
Considering the increased risk of serious infections, myocardial infarction, and malignancies with tofacitinib in patients over 65 years of age, tofacitinib should only be used in these patients if no suitable treatment alternatives are available.

Venous thromboembolism (VTE)
Serious VTE events including pulmonary embolism (PE), some of which were fatal, and deep vein thrombosis (DVT), have been observed in patients taking tofacitinib. In a randomised post-authorisation safety study in patients with rheumatoid arthritis who were 50 years of age or older with at least one additional cardiovascular risk factor, a dose dependent increased risk for VTE was observed in a clinical study with tofacitinib compared to TNF inhibitors (see sections 4.8 and 5.1 of the product information). In a post hoc exploratory analysis within this study, in patients with known VTE risk factors, occurrences of subsequent VTEs were observed more frequently in tofacitinib-treated patients that, at 12 months treatment, had D-dimer level ≥2× ULN versus those with D-dimer level <2× ULN; this was not evident in TNF inhibitor-treated patients. Interpretation is limited by the low number of VTE events and restricted D-dimer test availability (only assessed at Baseline, Month 12, and at the end of the study). In patients who did not have a VTE during the study, mean D-dimer levels were significantly reduced at Month 12 relative to Baseline across all treatment arms. However, D-dimer levels

≥2× ULN at Month 12 were observed in approximately 30% of patients without subsequent VTE events, indicating limited specificity of D-Dimer testing in this study. Tofacitinib should be used with caution in patients with known risk factors for VTE, regardless of indication and dosage. Tofacitinib 10 mg twice daily for maintenance treatment is not recommended in patients with UC who have known VTE risk factors, unless there is no suitable alternative treatment available (see section 4.2 of the product information). VTE risk factors include previous VTE, patients undergoing major surgery, immobilisation, myocardial infarction (within previous 3 months), heart failure, use of combined hormonal contraceptives or hormone replacement therapy, inherited coagulation disorder, malignancy. Additional VTE risk factors such as age, obesity (BMI ≥30), diabetes, hypertension, smoking status should also be considered. Patients should be re-evaluated periodically during tofacitinib treatment to assess for changes in VTE risk. For patients with RA with known risk factors for VTE, consider testing D-dimer levels after approximately 12 months of treatment. If D-dimer test result is ≥ 2× ULN, confirm that clinical benefits outweigh risks prior to a decision on treatment continuation with tofacitinib. Promptly evaluate patients with signs and symptoms of VTE. Tofacitinib should be discontinued in patients with suspected VTE, regardless of dose or indication.

Major adverse cardiovascular events (including myocardial infarction)

Major adverse cardiovascular events (MACE) have been observed in patients taking tofacitinib.

In a randomised post-authorisation safety study in patients with RA who were 50 years of age or older with at least one additional cardiovascular risk factor, an increased incidence of myocardial infarctions was observed with tofacitinib compared to TNF inhibitors. In patients over 65 years of age, patients who are current or past smokers, and patients with other cardiovascular risk factors, tofacitinib should only be used if no suitable treatment alternatives are available.

Malignancy and lymphoproliferative disorder

Tofacitinib may affect host defences against malignancies. In a randomised post-authorisation safety study in patients with RA who were 50 years of age or older with at least one additional cardiovascular risk factor, an increased incidence of malignancies excluding NMSC, particularly lung cancer and lymphoma, was observed with tofacitinib compared to TNF inhibitors (see sections 4.8 and 5.1 of the product information). Lung cancers and lymphoma in patients treated with tofacitinib have also been observed in other clinical studies and in the post marketing setting. Other malignancies in patients treated with tofacitinib were observed in clinical studies and the post-marketing setting, including, but not limited to, breast cancer, melanoma, prostate cancer, and pancreatic cancer. In patients over 65 years of age, patients who are current or past smokers, and patients with other malignancy risk factors (e.g., current malignancy or history of malignancy other than a successfully treated non-melanoma skin cancer) tofacitinib should only be used if no suitable treatment alternatives are available.

4. Treatment costs

Annual treatment costs:

a1) Adults with moderate to severe active rheumatoid arthritis who do not have poor prognostic factors and who have responded inadequately to, or have been intolerant to a prior disease-modifying antirheumatic drug therapy [classical DMARDs, including methotrexate (MTX)] and are eligible for treatment with tofacitinib; tofacitinib in monotherapy for MTX intolerance or MTX unsuitability

Designation of the therapy	Annual treatment costs per patient
Medicinal product to be assessed:	
Tofacitinib Additionally required SHI services Total	€ 12,566.75 € 180.85 € 12,747.60
Appropriate comparator therapy for patient population a1:	
Leflunomide	€ 602.29 - € 939.95
Sulfasalazine	€ 346.17 - € 519.25

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 February 2022)

a2) Adults with moderate to severe active rheumatoid arthritis who do not have poor prognostic factors and who have responded inadequately to, or were intolerant to previous treatment with a disease-modifying antirheumatic drug [classical DMARDs, including methotrexate (MTX)] and are eligible for treatment with tofacitinib; tofacitinib in combination with MTX

Designation of the therapy	Annual treatment costs per patient
Medicinal product to be assessed:	
Tofacitinib Methotrexate Additionally required SHI services Total	€ 12,566.75 € 52.40 - € 129.97 € 180.85 € 12,799.99 - € 12,877.57
Appropriate comparator therapy for patient population a1:	
Methotrexate	€ 52.40 - € 129.97
Leflunomide	€ 602.29 - € 939.95
Sulfasalazine	€ 346.17 - € 519.25

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 February 2022)

b1) Adults with moderate to severe active rheumatoid arthritis for whom a first-time treatment with biologic DMARDs (bDMARDs) or targeted synthetic DMARDs (tsDMARDs) is indicated and who are eligible for treatment with tofacitinib; tofacitinib in monotherapy for MTX intolerance or MTX unsuitability

Designation of the therapy	Annual treatment costs per patient
Medicinal product to be assessed:	
Tofacitinib Additionally required SHI services Total	€ 12,566.75 € 106.40 € 12,673.15
Appropriate comparator therapy for patient population b1:	
Adalimumab Additionally required SHI services Total	€ 11,435.41 € 106.40 € 11,541.81
Baricitinib Additionally required SHI services Total	€ 14,329.16 € 106.40 € 14,435.56
Certolizumab pegol Additionally required SHI services Total	€ 11,435.41 € 106.40 € 11,541.81
Etanercept Additionally required SHI services Total	€ 11,413.50 € 106.40 € 11,519.90
Sarilumab	€ 17,300.34
Tocilizumab	€ 22,545.54
Upadacitinib Additionally required SHI services Total	€ 15,057.14 € 106.40 € 15,163.54

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 February 2022)

b2) Adults with moderate to severe active rheumatoid arthritis for whom first-time therapy with biologic DMARDs (bDMARDs) or targeted synthetic DMARDs (tsDMARDs) is indicated and who are eligible for treatment with tofacitinib; tofacitinib in combination with MTX

Designation of the therapy	Annual treatment costs per patient
Medicinal product to be assessed:	
Tofacitinib Methotrexate Additionally required SHI services Total	€ 12,566.75 € 52.40 - € 129.97 € 106.40 € 12,725.55 - € 12,803.12
Appropriate comparator therapy for patient population b2:	
Abatacept Methotrexate Additionally required SHI services	€ 19,024.53 € 52.40 - € 129.97 € 106.40

Designation of the therapy	Annual treatment costs per patient
Total	€ 19,183.33 - € 19,260.90
Adalimumab Methotrexate Additionally required SHI services Total	€ 11,435.41 € 52.40 - € 129.97 € 106.40 € 11,594.21 - € 11,671.78
Baricitinib Methotrexate Additionally required SHI services Total	€ 14,329.16 € 52.40 - € 129.97 € 106.40 € 14,487.95 - € 14,565.53
Certolizumab pegol Methotrexate Additionally required SHI services Total	€ 11,435.41 € 52.40 - € 129.97 € 106.40 € 11,594.21 - € 11,671.78
Etanercept Methotrexate Additionally required SHI services Total	€ 11,413.50 € 52.40 – € 129.97 € 106.40 € 11,572.30 - € 11,649.87
Golimumab Methotrexate Additionally required SHI services Total	€ 10,416.60 € 52.40 - € 129.97 € 106.40 € 10,575.40 - € 10,652.97
Infliximab Methotrexate Additionally required SHI services Total	€ 12,513.85 - € 25,027.70 € 52.40 - € 129.97 € 106.40 € 12,672.65 - € 25,264.08
Sarilumab Methotrexate Total	€ 17,300.34 € 52.40 - € 129.97 € 17,352,74 - € 17,430.31
Tocilizumab Methotrexate Total	€ 22,545.54 € 52.40 - € 129.97 € 22,597.94 - € 22,675.51
Upadacitinib Methotrexate Additionally required SHI services Total	€ 15,057.14 € 52.40 - € 129.97 € 106.40 € 15,215.94 - € 15,293.51

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 February 2022)

c1) Adults with moderate to severe active rheumatoid arthritis who have responded inadequately to, or have been intolerant to prior treatment with one or more bDMARDs and/or tsDMARDs and are eligible for treatment with tofacitinib; tofacitinib in monotherapy for MTX intolerance or MTX unsuitability

Designation of the therapy	Annual treatment costs per patient
Medicinal product to be assessed:	
Tofacitinib Additionally required SHI services Total	€ 12,566.75 € 106.40 € 12,673.15
Appropriate comparator therapy for patient population c1:	
Adalimumab Additionally required SHI services Total	€ 11,435.41 € 106.40 € 11,541.81
Baricitinib Additionally required SHI services Total	€ 14,329.16 € 106.40 € 14,435.56
Certolizumab pegol Additionally required SHI services Total	€ 11,435.41 € 106.40 € 11,541.81
Etanercept Additionally required SHI services Total	€ 11,413.50 € 106.40 € 11,519.90
Sarilumab	€ 17,300.34
Tocilizumab	€ 22,545.54
Upadacitinib Additionally required SHI services Total	€ 15,057.14 € 106.40 € 15,163.54

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 February 2022)

c2) Adults with moderate to severe active rheumatoid arthritis who have responded inadequately to, or have been intolerant to prior treatment with one or more bDMARDs and/or tsDMARDs and are eligible for treatment with tofacitinib; tofacitinibin in combination with MTX

Designation of the therapy	Annual treatment costs per patient
Medicinal product to be assessed:	
Tofacitinib Methotrexate Additionally required SHI services Total	€ 12,566.75 € 52.40 - € 129.97 € 106.40 € 12,725.55 - € 12,803.12
Appropriate comparator therapy for patient population c2:	
Abatacept Methotrexate	€ 19,024.53 € 52.40 - € 129.97

Designation of the therapy	Annual treatment costs per patient
Additionally required SHI services Total	€ 106.40 € 19,183.33 - € 19,260.90
Adalimumab Methotrexate Additionally required SHI services Total	€ 11,435.41 € 52.40 - € 129.97 € 106.40 € 11,594.21 - € 11,671.78
Baricitinib Methotrexate Additionally required SHI services Total	€ 14,329.16 € 52.40 - € 129.97 € 106.40 € 14,487.95 - € 14,565.53
Certolizumab pegol Methotrexate Additionally required SHI services Total	€ 11,435.41 € 52.40 - € 129.97 € 106.40 € 11,594.21 - € 11,671.78
Etanercept Methotrexate Additionally required SHI services Total	€ 11,413.50 € 52.40 - € 129.97 € 106.40 € 11,572.30 - € 11,649.87
Golimumab Methotrexate Additionally required SHI services Total	€ 10,416.60 € 52.40 - € 129.97 € 106.40 € 10,575.40 - € 10,652.97
Infliximab Methotrexate Additionally required SHI services Total	€ 12,513.85 - € 25,027.70 € 52.40 - € 129.97 € 106.40 € 12,672.65 - € 25,264.08
Sarilumab Methotrexate Total	€ 17,300.34 € 52.40 - € 129.97 € 17,352,74 - € 17,430.31
Tocilizumab Methotrexate Total	€ 22,545.54 € 52.40 – € 129.97 € 22,597.94 - € 22,675.51
Upadacitinib Methotrexate Additionally required SHI services Total	€ 15,057.14 € 52.40 - € 129.97 € 106.40 € 15,215.94 - € 15,293.51
Rituximab Methotrexate Additionally required SHI services Total	€ 5,645,80 - € 11,291.60 € 52.40 - € 129.97 € 106.40 € 5,804.60 - € 11,527.97

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 February 2022)

Other SHI services:

Designation of the therapy	Type of service	Costs/ unit	Number/ patient/ year	Costs/ patient/ year
Medicinal product to be assessed:				
not applicable				
Appropriate comparator therapy for patient population b2:				
Infliximab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	6.5	€ 461.50
Appropriate comparator therapy for patient population c2:				
Rituximab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	2 - 4	€ 142 - € 284.00
Infliximab			6.5	€ 461.50

II. The resolution will enter into force on the day of its publication on the website of the G-BA on 17 February 2022.

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

Berlin, 17 February 2022

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

Prof. Hecken