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: Tafasitamab (diffuse large B-cell lymphoma (DLBCL), combination with lenalidomide)

of 3 March 2022

At its session on 3 March 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 shall be amended in alphabetical order to include the active ingredient Tafasitamab as follows:

Tafasitamab

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

Therapeutic indication (according to the marketing authorisation of 26 August 2021):

Minjuvi is indicated in combination with lenalidomide followed by Minjuvi monotherapy for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) who are not eligible for autologous stem cell transplant (ASCT).

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

see therapeutic indication according to marketing authorisation.

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

Tafasitamab 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).

<u>Adults with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) who are not eligible for autologous stem cell transplant (ASCT)</u>

Extent of additional benefit and significance of the evidence of Tafasitamab in combination with lenalidomide followed by Tafasitamab:

Hint for a non-quantifiable additional benefit since the scientific data does not allow quantification.

Study results according to endpoints:[1]

Adults with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) who are not eligible for autologous stem cell transplant (ASCT)

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	n.a.	The data are not assessable.
Morbidity	n.a.	The data are not assessable.
Health-related quality of life	∅	No data available.
Side effects	n.a.	The data are not assessable.
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		

L-MIND study:

Study design: single-arm, open-label, multicentre

Intervention: Tafasitamab + lenalidomide followed by tafasitamab

Data cut-off: 3. Data cut-off of 30 October 2020

Mortality

Endpoint	Tafasitamab + Lenalidomide	
	N	Median survival time in months [95% CI] *Patients with event n (%)*
Overall survival		
	80	33.5 [18.3; n.a.] *41 (51.3)*

[1] Data from the dossier assessment of the G-BA (published on 15 December 2021), unless otherwise indicated.

Morbidity

Endpoint	Tafasitamab + Lenalidomide				
	N	Median time to event in months [95% CI][a] *Patients with event n (%)*			
Progression-free survival (PFS)[b]					
	80	11.6 [6.3; 45.7] *42 (52.5)*			
	N	Patients with event n (%)			
		Baseline	Cycle 2 day 1	Cycle 3 day 1	Cycle 4 day 1
B-symptomatology					
Weight loss	80	4 (5)	1 (1.3)	1 (1.3)	1 (1.3)
Fever (> 38°C)		1 (1.3)	0	0	0[c]
Night sweats		7 (8.8)	0	0	0[c]

Health-related quality of life

Health-related quality of life was not recorded in the L-MIND study.

Side effects

Endpoint	Tafasitamab + Lenalidomide	
	N	*Patients with event n (%)*
Total adverse events (presented additionally)		
	81	*81 (100)*
Serious adverse events (SAE)		
	81	*43 (53.1)*
Severe adverse events (CTCAE grade ≥ 3)		
	81	*63 (77.8)*
Therapy discontinuations due to adverse events (≥ 1 active ingredient component)		
	81	*20 (24.7)*

(continuation)

Endpoint	Tafasitamab + Lenalidomide	
	N	*Patients with event n (%)*
Severe AE of CTCAE grade ≥ 3 with an incidence ≥ 5% SOC		
Blood and lymphatic system disorders	81	46 (56.8)
Infections and infestations	81	24 (29.6)
Cardiac disorders	81	8 (9.9)
General disorders and administration site conditions	81	7 (8.6)
Metabolism and nutrition disorders	81	7 (8.6)
Respiratory, thoracic and mediastinal disorders	81	7 (8.6)
Skin and subcutaneous tissue disorders	81	7 (8.6)
Investigations	81	5 (6.2)
Musculoskeletal and connective tissue disorders	81	5 (6.2)
Vascular disorders	81	5 (6.2)
Serious AE (SAE) (incidence ≥ 5%) SOC		
Infections and infestations	81	21 (25.9)
Nervous system disorders	81	7 (8.6)
Blood and lymphatic system disorders	81	6 (7.4)
Respiratory, thoracic and mediastinal disorders	81	6 (7.4)
Cardiac disorders	81	6 (7.4)
Neoplasms benign, malignant and unspecified (including cysts and polyps)	81	6 (7.4)

(continuation)

AE of special interest of any severity grade (post hoc)		
Skin rash	81	30 (37)
Diseases of the urinary tract	81	15 (18.5)
Infectious pneumonia	81	9 (11.1)
Benign, malignant and non-specific neoplasms	81	8 (9.9)
Sepsis	81	4 (4.9)
Skin and subcutaneous tissue disorders	81	3 (3.7)
Pre-specified AE of special interest of any severity grade		
Tumour flare reaction	81	3 (3.7)
Tumour lysis syndrome	81	0
Secondary primary malignancies	81	n.d.
Infusion reactions	81	n.d.
Allergic reactions to the study medication of grade ≥ 3	81	n.d.
Cytokine release syndrome	81	0
Overdoses	81	0

[a] Confidence intervals for the median were calculated using the method of Brookmeyer and Crowley (1982)
[b] Information from the dossier (Module 4) of the pharmaceutical company from 30.08.2021
[c] For the present symptom, it is marginally fallen below a return rate of 70% (for fever (> 38°C) and for night sweats 68.8% each). However, results for the entire B-symptomatology are presented for a better overview since there is a return rate of 70% for one symptom.

Abbreviations used:
CTCAE = Common Terminology Criteria for Adverse Events; CI = confidence interval; N = number of patients evaluated; n = number of patients with (at least one) event; vs = versus

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

Adults with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) who are not eligible for autologous stem cell transplant (ASCT)

approx. 730 to 1,560 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 Minjuvi (active ingredient: tafasitamab) at the following publicly accessible link (last access: 16 December 2021):

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

Treatment with tafasitamab should only be initiated and monitored by specialists in internal medicine, haematology and oncology, experienced in the treatment of patients with diffuse large B-cell lymphoma (DLBCL).

This medicinal product was approved under "special conditions". This means that further evidence of the benefit of the medicinal product is anticipated. The European Medicines Agency will evaluate new information on this medicinal product at a minimum once per year and update the product information where necessary.

4. Treatment costs

Annual treatment costs:

Adults with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) who are not eligible for autologous stem cell transplant (ASCT)

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

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Tafasitamab	€ 155,670.90
Lenalidomide	€ 94,249.92
Total	€ 249,920.82
Additionally required SHI services	incalculable

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

Other SHI services:

Designation of the therapy	Type of service	Costs/ unit	number/ cycle	number/ patient/ year	Costs/ patient/ year
Tafasitamab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	Cycle 1: 5 Cycle 2+3: 4 Cycle 4-13: 2	33	€ 2,343

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

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

Berlin, 3 March 2022

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

Prof. Hecken