# 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 Ixazomib (reassessment after the deadline: multiple myeloma, at least 1 prior therapy, combination with lenalidomide and dexamethasone)

### of 21 April 2022

At its session on 21 April 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 ixazomib in the version of the resolution of 6 July 2017 (BAnz AT 27.07.2017 B2), last modified on 5 November 2020, is repealed.
- 2. Annex XII shall be amended in alphabetical order to include the active ingredient ixazomib as follows:

#### **Ixazomib**

Resolution of: 21 April 2022 Entry into force on: 21 April 2022

Federal Gazette, BAnz AT DD. MM YYYY Bx

## Therapeutic indication (according to the marketing authorisation of 21 November 2016):

NINLARO in combination with lenalidomide and dexamethasone is indicated for the treatment of adult patients with multiple myeloma who have received at least one prior therapy.

#### Therapeutic indication of the resolution (resolution of 21 April 2022):

see therapeutic indication according to marketing authorisation.

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

Ixazomib is approved as a medicinal product for the treatment of rare diseases under 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).

#### Adults with multiple myeloma who have received at least one prior therapy

Extent of additional benefit and significance of the evidence of ixazomib in combination with lenalidomide and dexamethasone:

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

## Study results according to endpoints:1

## Adults with multiple myeloma who have received at least one prior therapy

## Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	$\leftrightarrow$	No relevant difference for the benefit
		assessment
Morbidity	$\leftrightarrow$	No relevant differences for the benefit
		assessment
Health-related quality	$\leftrightarrow$	No relevant differences for the benefit
of life		assessment
Side effects	$\leftrightarrow$	No relevant differences for the benefit
		assessment

#### **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

<sup>1</sup> Data from the dossier assessment of the G-BA (published on 1. Februar 2022), unless otherwise indicated.

16010 study: Ixazomib + lenalidomide + dexamethasone **versus** lenalidomide + dexamethasone

Data cut-off: 28.09.2020 (final data cut-off on overall survival)

## Mortality

Endpoint	Ixazomib + Lenalidomide + dexamethasone (Ixazomib / LenDex)		Lenalidomide + dexamethasone (LenDex)		Ixazomib / LenDex vs LenDex
	N	Median survival time in months [95% CI] Patients with event n (%)	N	Median survival time in months [95% CI] Patients with event n (%)	Effect estimator [95% CI] <sup>b</sup> p value <sup>c</sup> Absolute difference (AD) <sup>a</sup>
Overall survival					
	360	53.6 [49.3; 63.0] 240 (67)	362	51.6 [44.8; 59.1] 244 (67)	0.94 [0.78; 1.13] 0.495

## Morbidity

Endpoint	Ixazomib + Lenalidomide + dexamethasone (Ixazomib / LenDex)		Lenalidomide + Dexamethasone (LenDex)		Ixazomib / LenDex vs LenDex
	N	Median survival time in months [95% CI] Patients with event n (%)	Z	Median survival time in months [95% CI] Patients with event n (%)	Effect estimator [95% CI] p value Absolute difference (AD) <sup>a</sup>
Progression-free s	urviva	l (PFS) <sup>d</sup> (2nd interim ana	lysis: da	ta cut-off of 12.07.2	015)
	360	20.0 - 177 (49.2)	362	15.9 - 195 (53.9)	0.82 [0.67; 1.00] 0.0543

	Ixazomib + Lenalidomide + dexamethasone (Ixazomib / LenDex)			enalidomide + examethasone (LenDex)	Ixazomib / LenDex vs LenDex
	N	MV (SD) <sup>g</sup>	N	MV (SD) <sup>g</sup>	MD [95% CI] p value <sup>h</sup>
BPI-SF (mean char	nge un	til cycle 8)			
Strongest pain (Item 3) <sup>d</sup>	252	-0.95 (2.75)	255	-0.76 (2.65)	-0.10 [-0.48; 0.28] 0.662
Least pain (Item 4)	251	-0.43 (1.83)	253	-0.22 (2.02)	-0.09 [-0.38; 0.19] 0.595
Moderate pain (Item 5)	251	-0.73 (2.20)	251	-0.57 (2.32)	-0.05 [-0.37; 0.27] 0.807
Momentary pain (Item 6)	251	-0.73 (2.37)	254	-0.40 (2.60)	-0.23 [-0.56; 0.10] 0.251
Pain interference (Items 9A - 9G)	247	-0.37 (2.11)	253	-0.40 (2.10)	-0.11 [-0.43; 0.20] 0.559
Endpoint	(	Ixazomib + Lenalidomide + dexamethasone Ixazomib / LenDex)	Lenalidomide + Dexamethasone (LenDex)		Ixazomib / LenDex vs LenDex
	N	Median survival time in months [95% CI]	N	Median survival time in months [95% CI]	Effect estimator [95% CI] <sup>b</sup> p value <sup>c, e</sup> Absolute
		Patients with event n (%)		Patients with event n (%)	difference (AD) <sup>a</sup>
Disease symptom	atolog	у			
Symptom scales o	f the E	ORTC QLQ-C30 - time to	first de	terioration by ≥ 10 p	oints <sup>i</sup>
Fatigue	360	3.06 [2.79; 5.03] 258 (72)	362	2.79 [1.87; 3.09] 270 (75)	0.88 [0.74; 1.05] 0.123

Endpoint	(1	Ixazomib + Lenalidomide + dexamethasone Ixazomib / LenDex)		enalidomide + examethasone (LenDex)	Ixazomib / LenDex vs LenDex			
	N	Median survival time in months [95% CI]  Patients with event n	N	Median survival time in months [95% CI]	Effect estimator [95% CI] <sup>b</sup> p value <sup>c, e</sup> Absolute			
		(%)		event n (%)	difference (AD) <sup>a</sup>			
Nausea / vomiting	360	13.86 [12.12; 16.89] 197 (55)	362	17.97 [14.42; 26.74] 177 (49)	1.17 [0.95; 1.43] 0.138			
Pain	360	7.62 [4.90; 10.15] 236 (66)	362	6.54 [4.63; 8.48] 244 (67)	0.92 [0.76; 1.10] 0.344			
Dyspnoea	360	13.83 [10.15; 18.23] 195 (54)	362	9.00 [6.54; 12.45] 212 (59)	0.85 [0.70; 1.04] 0.100			
Insomnia	360	6.47 [4.67; 10.28] 218 (61)	362	10.12 [6.44; 13.80] 200 (55)	1.12 [0.92; 1.36] 0.238			
Appetite loss	360	14.52 [10.22; 19.32] 197 (55)	362	8.75 [6.77; 11.99] 228 (63)	0.76 [0.63; 0.92] 0.004			
Constipation	360	4.63 [3.02; 6.57] 219 (61)	362	6.28 [3.71; 10.15] 217 (60)	1.03 [0.85; 1.25] 0.744			
Diarrhoea	360	8.28 [6.51; 9.89] 248 (69)	362	9.17 [6.74; 12.12] 229 (63)	1.13 [0.95; 1.36] 0.169			
Symptom scales o	Symptom scales of the EORTC QLQ-MY20 – time to first deterioration by ≥ 10 points <sup>i</sup>							
Symptoms of disease	360	14.78 [10.84; 20.57] 194 (54)	362	13.83 [10.38; 18.20] 202 (56)	0.96 [0.79; 1.18] 0.708			
Side effects of the treatment	360	6.70 [4.86; 9.46] 221 (61)	362	7.62 [5.32; 11.07] 230 (64)	0.97 [0.80; 1.17] 0.724			

Endpoint	lxazomib + Lenalidomide + dexamethasone (lxazomib / LenDex)		Lenalidomide + Dexamethasone (LenDex)		Ixazomib / LenDex vs LenDex
	N	Median survival time in months [95% CI] Patients with event n (%)	N	Median survival time in months [95% CI]  Patients with event n (%)	Effect estimator [95% CI] <sup>b</sup> p value <sup>c, e</sup> Absolute difference (AD) <sup>a</sup>
Health status (EQ-	5D VA	S) – time to first deterio	ration b	y ≥ 15 points <sup>k</sup>	
	360	17.05 [13.57; 28.55] 211 (59)	362	16.59 [12.91; 26.68] 216 (60)	0.97 [0.80; 1.17] 0.731

## Health-related quality of life

Endpoint	Ixazomib + Lenalidomide + dexamethasone (Ixazomib / LenDex)		Lenalidomide + Dexamethasone (LenDex)		lxazomib / LenDex vs LenDex
	N	Median survival time in months [95% CI]  Patients with event n (%)	N	Median survival time in months [95% CI] Patients with event n (%)	Effect estimator [95% CI] <sup>b</sup> p value <sup>c, e</sup> Absolute difference (AD) <sup>a</sup>
Health-related qua	ality of	f life – time to first dete	riorati	on <sup>i</sup>	
Global health stat	us and	functional scales of the	e EORT	C QLQ-C30	
Global health status	360	4.63 [3.02; 6.51] 245 (68)	362	8.25 [6.21; 10.64] 221 (61)	1.21 [1.01; 1.45] 0.038
Physical functioning	360	13.14 [10.12; 17.51] 202 (56)	362	12.09 [9.46; 15.67] 212 (59)	0.90 [0.74; 1.10] 0.297
Role functioning	360	4.90 [4.11; 7.62] 238 (66)	362	4.86 [3.45; 8.25] 240 (66)	0.95 [0.79; 1.14] 0.571
Cognitive functioning	360	6.47 [4.80; 8.51] 238 (66)	362	5.19 [4.63; 6.70] 242 (67)	0.98 [0.82; 1.18] 0.833

Endpoint	Ixazomib + Lenalidomide + dexamethasone (Ixazomib / LenDex)			Lenalidomide + Dexamethasone (LenDex)	lxazomib / LenDex vs LenDex
	N	Median survival time in months [95% CI] Patients with event n (%)	N	Median survival time in months [95% CI] Patients with event n (%)	Effect estimator [95% CI] <sup>b</sup> p value <sup>c, e</sup> Absolute difference (AD) <sup>a</sup>
Emotional functioning	360	13.83 [10.94; 17.74] 197 (55)	362	10.15 [8.34; 14.92] 204 (56)	0.91 [0.75; 1.11] 0.355
Social functioning	360	5.13 [4.04; 8.48] 240 (67)	362	4.63 [3.02; 6.47] 248 (69)	0.90 [0.76; 1.08] 0.256
Health-related qua	ality of	f life – time to first dete	riorati	on <sup>i</sup>	
Functional scales	of the	EORTC QLQ-MY20			
Physical perception	360	15.7 [10.4; 24.8] 190 (53)	362	12.32 [10.28; 18.43] 189 (52)	0.98 [0.80; 1.20] 0.815
Future prospects	360	17.51 [12.19; 31.77] 175 (49)	362	10.18 [6.47; 14.75] 206 (57)	0.75 [0.62; 0.92] 0.005

## Side effects (related to the safety population)

Endpoint	c	lxazomib + Lenalidomide + lexamethasone azomib / LenDex)		Lenalidomide + Dexamethasone (LenDex)	lxazomib / LenDex vs LenDex
	N	Median survival time in months [95% CI]	N	Median survival time in months [95% CI]	Effect estimator [95% CI] <sup>b</sup> p value <sup>c, e</sup> Absolute
		Patients with event n (%)		Patients with event n (%)	difference (AD) <sup>a</sup>
Total, excluding even	ts rela	ted to the underlying	g disea	se	
AE	361	- 359 (99)	359	- 357 (99)	- -
SAE	361	19.78 [16.30; 25.23] 203 (56)	359	16.76 [13.44; 22.90] 200 (56)	0.93 [0.76; 1.13] 0.438
Severe AE (CTCAE grade ≥ 3)	361	4.37 [3.65; 6.47] 289 (80)	359	6.01 [4.40; 8.61] 265 (74)	1.17 [0.99; 1.39 0.061
Discontinuation due to AEs <sup>f</sup> (≥ 1 active ingredient component)	361	45.93 [33.81; 61.21] 138 (38)	359	44.71 [35.25; 60.06] 113 (31)	1.15 [0.89; 1.48] 0.280
Severe AEs with incid	lence ≥	2 5% by system organ	class i	in one of the two treat	ment groups
Blood and lymphatic system disorders	361	51.87 [33.19; n.c.] 138 (38)	359	40.03 [28.03; n.c.] 130 (36)	1.03 [0.81; 1.31] 0.806
Infections and infestations	361	54.18 [45.45; n.c.] 110 (30)	359	50.84 [35.74; n.c.] 111 (31)	0.89 [0.68; 1.16] 0.384
Investigations	361	n.a. [n.c.; n.c.] 55 (15)	359	n.a. [n.c.; n.c.] 45 (13)	1.11 [0.75; 1.64] 0.603
Gastrointestinal disorders	361	n.a. [n.c.; n.c.] 55 (15)	359	n.a. [n.c.; n.c.] 21 (6)	2.63 [1.58; 4.35] < 0.001
Metabolic and nutrition disorders	361	n.a. [n.c.; n.c.] 48 (13)	359	n.a. [n.c.; n.c.] 41 (11)	1.07 [0.70; 1.63] 0.747
Nervous system disorders	361	n.a. [n.c.; n.c.] 46 (13)	359	n.a. [n.c.; n.c.] 34 (9)	1.28 [0.82; 1.99] 0.282

Endpoint	C	Ixazomib + Lenalidomide + Iexamethasone azomib / LenDex)		Lenalidomide + Dexamethasone (LenDex)	lxazomib / LenDex vs LenDex
	N	Median survival time in months [95% CI]  Patients with	N	Median survival time in months [95% CI] Patients with event	Effect estimator [95% CI] <sup>b</sup> p value <sup>c, e</sup> Absolute
		event n (%)		n (%)	difference (AD) <sup>a</sup>
General disorders and administration site conditions	361	n.a. [n.c.; n.c.] 41 (11)	359	n.a. [n.c.; n.c.] 36 (10)	1.12 [0.72; 1.76] 0.613
Musculoskeletal and connective tissue disorders	361	n.a. [n.c.; n.c.] 35 (10)	359	n.a. [n.c.; n.c.] 46 (13)	0.70 [0.45; 1.09] 0.115
Respiratory, thoracic and mediastinal disorders	361	n.a. [n.c.; n.c.] 31 (9)	359	n.a. [n.c.; n.c.] 28 (8)	1.12 [0.67; 1.89] 0.657
Cardiac disorders	361	n.a. [n.c.; n.c.] 30 (8)	359	n.a. [n.c.; n.c.] 23 (6)	1.15 [0.67; 1.97] 0.621
Vascular disorders	361	n.a. [n.c.; n.c.] 25 (7)	359	n.a. [n.c.; n.c.] 19 (5)	1.30 [0.72; 2.38] 0.385
Eye disorders	361	n.a. [n.c.; n.c.] 24 (7)	359	n.a. [n.c.; n.c.] 29 (8)	0.71 [0.41; 1.23] 0.221
Skin and subcutaneous tissue disorders	361	n.a. [n.c.; n.c.] 23 (6)	359	n.a. [n.c.; n.c.] 8 (2)	2.82 [1.26; 6.31] 0.008
Neoplasms benign, malignant and unspecified (including cysts and polyps)	361	n.a. [n.c.; n.c.] 20 (6)	359	n.a. [n.c.; n.c.] 18 (5)	0.97 [0.51; 1.84] 0.916
Psychiatric disorders	361	n.a. [n.c.; n.c.] 26 (7)	359	n.a. [n.c.; n.c.] 19 (5)	0.66 [0.36; 1.20] 0.171

Endpoint	C	Ixazomib + Lenalidomide + dexamethasone azomib / LenDex)		Lenalidomide + Dexamethasone (LenDex)	Ixazomib / LenDex vs LenDex
	N	Median survival time in months [95% CI]	N	Median survival time in months [95% CI] Patients with event	Effect estimator [95% CI] <sup>b</sup> p value <sup>c, e</sup> Absolute
		event n (%)		n (%)	difference (AD) <sup>a</sup>
Injury, poisoning and procedural complications	361	n.a. [n.c.; n.c.] 17 (5)	359	n.a. [n.c.; n.c.] 20 (6)	0.80 [0.42; 1.53] 0.506
Renal and urinary disorders	361	n.a. [n.c.; n.c.] 12 (3)	359	n.a. [n.c.; n.c.] 28 (8)	0.40 [0.20; 0.79] 0.006
SAEs with incidence ≥	2 5% by	y system organ class	in one	of the two treatment g	groups
Infections and infestations	361	74.78 [47.07; n.c.] 102 (28)	359	57.09 [39.37; n.c.] 109 (30)	0.84 [0.64; 1.11] 0.220
Cardiac disorders	361	n.a. [n.c.; n.c.] 31 (9)	359	n.a. [n.c.; n.c.] 27 (8)	1.04 [0.62; 1.76] 0.876
Gastrointestinal disorders	361	n.a. [n.c.; n.c.] 28 (8)	359	n.a. [n.c.; n.c.] 11 (3)	2.46 [1.22; 4.96] 0.009
Respiratory, thoracic and mediastinal disorders	361	n.a. [n.c.; n.c.] 25 (7)	359	n.a. [n.c.; n.c.] 28 (8)	0.87 [0.50; 1.50] 0.607
General disorders and administration site conditions	361	n.a. [n.c.; n.c.] 24 (7)	359	n.a. [n.c.; n.c.] 28 (8)	0.81 [0.47; 1.40] 0.449
Neoplasms benign, malignant and unspecified (including cysts and polyps)	361	n.a. [n.c.; n.c.] 23 (6)	359	n.a. [n.c.; n.c.] 24 (7)	0.86 [0.48; 1.54] 0.614

Endpoint	c	Ixazomib + Lenalidomide + Iexamethasone azomib / LenDex)		Lenalidomide + Dexamethasone (LenDex)	lxazomib / LenDex vs LenDex
	N	Median survival time in months [95% CI]	N	Median survival time in months [95% CI]	Effect estimator [95% CI] <sup>b</sup> p value <sup>c, e</sup>
		Patients with event n (%)		Patients with event n (%)	Absolute difference (AD) <sup>a</sup>
Injury, poisoning and procedural complications	361	n.a. [n.c.; n.c.] 19 (5)	359	n.a. [n.c.; n.c.] 20 (6)	0.88 [0.47; 1.66] 0.692
Nervous system disorders	361	n.a. [n.c.; n.c.] 19 (5)	359	n.a. [n.c.; n.c.] 16 (4)	1.03 [0.52; 2.03] 0.932
Blood and lymphatic system disorders	361	n.a. [n.c.; n.c.] 18 (5)	359	n.a. [n.c.; n.c.] 24 (7)	0.68 [0.37; 1.26] 0.213
Musculoskeletal and connective tissue disorders	361	n.a. [n.c.; n.c.] 16 (4)	359	n.a. [n.c.; n.c.] 24 (7)	0.58 [0.31; 1.09] 0.087
Renal and urinary disorders	361	n.a. [n.c.; n.c.] 10 (3)	359	n.a. [n.c.; n.c.] 19 (5)	0.49 [0.23; 1.04] 0.059
AE of special interest					
Malignant neoplasms	360		362		
Patients with at least 1 malignant neoplasm, n(%)	360	37 (10)	362	43 (12)	
Localisation, n (%) Haematological Non- haematological (solid tumours) Non-	360	2 (5) 17 (46)	362	4 (9) 19 (44)	
haematological (non-melanocytic skin cancer) Non- haematological		19 (51)		23 (53)	
(melanoma)		1 (3)		0 (0)	

<sup>&</sup>lt;sup>a</sup> Indication of absolute difference (AD) only in case of statistically significant difference; own calculation

<sup>&</sup>lt;sup>b</sup> Cox proportional hazards model stratified by number of prior therapies (1 versus 2 or 3), prior therapy with 1 proteasome inhibitor (yes versus no) and ISS stage at time of screening (I or II versus III)

<sup>&</sup>lt;sup>c</sup> Log-rank test stratified by number of prior therapies (1 versus 2 or 3), prior therapy with 1 proteasome inhibitor (yes versus no) and ISS stage at the time of screening (I or II versus III)

<sup>&</sup>lt;sup>n</sup> Information from the dossier of the pharmaceutical company

<sup>&</sup>lt;sup>e</sup> HR, 95% CI and p value calculated post hoc

- f Study participants received the study medication until disease progression, the occurrence of unacceptable toxicity, withdrawal of consent or death, whichever occurred earlier. Premature discontinuation of therapy for reasons other than AEs is a competing event for the endpoint of discontinuation due to AEs to be recorded. Therefore, the certainty of results and interpretability of the effect estimators is limited.
- g mean change at cycle 8 compared to baseline per treatment group
- h MMRM with treatment, visit, interaction term treatment × visit, baseline value and the 3 stratification factors number of prior therapies (1 versus 2 or 3), prior therapy with 1 proteasome inhibitor (yes versus no) and ISS stage at the time of screening (I or II versus III) as covariates, calculated post hoc, difference in mean change at cycle 8 compared to baseline between the treatment groups
- <sup>i</sup> The time to first deterioration was defined as the time from randomisation to the first increase in score by ≥ 10 points compared to the baseline value.
- <sup>K</sup> The time to first deterioration was defined as the time from randomisation to the first decrease in score by ≥ 15 points compared to the baseline value. Patients who did not have an event by the final data cut-off were censored at the time of the last available evaluable observation or at the time of death, and patients who did not complete the EQ-5D VAS at any time were censored at the time of randomisation.

#### Abbreviations used:

AD = absolute difference; CTCAE = Common Terminology Criteria for Adverse Events; BPI-SF = Brief Pain Inventory - Short Form; 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 - Multiple Myeloma 20; HR = hazard ratio; ISS = International Staging System; ITT = intention to treat; CI = confidence interval; MD = mean difference; MMRM = mixed model with repeated measures; N = number of patients evaluated; n = number of patients with (at least one) event; n.c. = not calculable; n.a. = not achieved; SD = standard deviation; SAE = serious adverse events; AE = adverse events; vs = versus

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

Adults with multiple myeloma who have received at least one prior therapy approx. 4,700 to 7,000 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 Ninlaro (active ingredient: ixazomib) at the following publicly accessible link (last access: 1 February 2022):

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

Treatment with ixazomib should only be initiated and monitored by specialists in internal medicine, haematology and, oncology experienced in the treatment of patients with multiple myeloma.

This medicinal product was approved under "special conditions". 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.

A careful risk-benefit assessment by the treating physician should be made for patients who were refractory to bortezomib and carfilzomib, as these were not studied in the marketing authorisation study for ixazomib (C16010).

#### 4. Treatment costs

#### **Annual treatment costs:**

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Ixazomib in combination with lenalidomide and dexamethasone	
Ixazomib	€ 78,851.37
Lenalidomide	€ 29,945.50
Dexamethasone	€ 193.68
Total	€ 108,990.55

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

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 21 April 2022.

The justification to this resolution will be published on the website of the G-BA at <a href="www.g-ba.de">www.g-ba.de</a>.

Berlin, 21 April 2022

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

Prof. Hecken