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: Elbasvir/ Grazoprevir (new therapeutic indication: chronic hepatitis C, 12 to < 18 years of age)

of 5 May 2022

At its session on 5 May 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 Elbasvir/ grazoprevir in accordance with the resolution of 15 June 2017:

Courtesy translation – only the German version is legally binding.

Elbasvir/ grazoprevir

Resolution of: 5 May 2022
Entry into force on: 5 May 2022
Federal Gazette, BAnz AT DD. MM YYYY Bx

New therapeutic indication (according to the marketing authorisation of 22 October 2021):

Zepatier is indicated for the treatment of chronic hepatitis C (CHC) in adult and paediatric patients 12 years of age and older who weigh at least 30 kg.

Therapeutic indication of the resolution (resolution of 5 May 2022):

Zepatier is indicated for the treatment of chronic hepatitis C (CHC) in adolescents aged 12 to < 18 years and who weigh at least 30 kg.

For specific activity against the different genotypes of the hepatitis C virus (HCV), see sections 4.4 and 5.1 of the product information.

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

Adolescents aged 12 to < 18 years with chronic hepatitis C (genotypes 1 and 4):

Appropriate comparator therapy for Elbasvir/ grazoprevir:

Ledipasvir/ sofosbuvir or glecaprevir/ pibrentasvir or sofosbuvir/ velpatasvir

Extent and probability of the additional benefit of Elbasvir/ grazoprevir compared to the appropriate comparator therapy:

An additional benefit is not proven.

Study results according to endpoints:[1]

Adolescents aged 12 to < 18 years with chronic hepatitis C (genotypes 1 and 4):

[1] Data from the dossier assessment of the Institute for Quality and Efficiency in Health Care (IQWiG) (A21-143) unless otherwise indicated.

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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. Results on SVR in the same order of magnitude as with corresponding appropriate comparator therapy
Health-related quality of life	∅	No data available.
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 suitable data versus the appropriate comparator therapy were presented.

MK-5172-079 study – non-randomised, open-label, single-arm study with elbasvir/ grazoprevir without comparison to the appropriate comparator therapy.

In age cohort 1, 22 adolescents aged 12 to < 18 years with chronic hepatitis C and genotypes 1 and 4 were included.

Mortality

MK-5172-079 study Endpoint	Elbasvir/ grazoprevir	
	N	HCV-GT 1 and 4 Patients with event n (%)
Overall mortality[a)]	22	0 (0)

Morbidity

MK-5172-079 study Endpoint	Elbasvir/ grazoprevir	
	N	HCV-GT 1 and 4 Patients with event n (%)
SVR12[b)]	22	22 (100)
SVR24[b)]	22	22 (100)

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Health-related quality of life

MK-5172-079 study Endpoint	Elbasvir/ grazoprevir
No data on health-related quality of life were assessed.	

Side effects

MK-5172-079 study Endpoint	Elbasvir/ grazoprevir	
	N	HCV-GT 1 and 4 Patients with event n (%)
AEs (presented additionally)	22	18 (81.8)
SAEs	22	1 (4.5)
Discontinuation due to AEs	22	0 (0)

a) Was assessed using AEs.
b) Sufficiently valid surrogate for the patient-relevant endpoint of hepatocellular carcinoma.

Abbreviations: GT: genotype; HCV: hepatitis C virus; MV: mean value; N: number of patients evaluated; n: number of patients with (at least 1) event; PedsQL: Paediatric Quality of Life Inventory; SD: standard deviation; SAE: serious adverse event; SVR: sustained virologic response after end of therapy; AE: adverse event

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

Adolescents aged 12 to < 18 years with chronic hepatitis C (genotypes 1 and 4)

approx. 10 – 17 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 Zepatier (active ingredient: elbasvir/ grazoprevir) at the following publicly accessible link (last access: 15 April 2022):

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

Treatment with elbasvir/ grazoprevir should only be initiated and monitored by specialists who are experienced in the treatment of adolescents with chronic hepatitis C virus infection.

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4. Treatment costs

Annual treatment costs:

Adolescents aged 12 to < 18 years with chronic hepatitis C (genotypes 1 and 4)

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Elbasvir/ grazoprevir	
Elbasvir/ grazoprevir for 12 weeks	€ 25,995.60
Elbasvir/ grazoprevir in combination with ribavirin	
Elbasvir/ grazoprevir for 16 weeks	€ 34,660.80
+ ribavirin for 16 weeks	€ 2,048.32 - € 2,549.44
Total	€ 36,709.12 - € 37,210.24
Appropriate comparator therapy:	
Ledipasvir/ sofosbuvir for 8 weeks	€ 29,987.06
Ledipasvir/ sofosbuvir for 12 weeks	€ 44,980.59
Ledipasvir/ sofosbuvir for 24 weeks	€ 89,961.18
Glecaprevir/ pibrentasvir for 8 weeks	€ 29,987.06
Glecaprevir/ pibrentasvir for 12 weeks	€ 44,980.59
Sofosbuvir/ velpatasvir for 12 weeks	€ 29,985.54

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 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 5 May 2022.

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

Berlin, 5 May 2022

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

Prof. Hecken

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