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 Duvelisib (follicular lymphoma, after ≥ 2 prior therapies)

of 21 July 2022

At its session on 21 July 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 duvelisib in accordance with the resolution of 21 July 2022 (chronic lymphocytic leukaemia, after ≥ 2 prior therapies):**

Duvelisib

Resolution of: 21 July 2022
Entry into force on: 21 July 2022
Federal Gazette, BAnz AT DD. MM YYYY Bx

Therapeutic indication (according to the marketing authorisation of 19 May 2021):

Copiktra monotherapy is indicated for the treatment of adult patients with:

- relapsed or refractory chronic lymphocytic leukaemia (CLL) after at least two prior therapies.
- follicular lymphoma (FL) that is refractory to at least two prior systemic therapies.

Therapeutic indication of the resolution (resolution of 21.07.2022):

Copiktra monotherapy is indicated for the treatment of adult patients with follicular lymphoma (FL) that is refractory to at least two prior systemic therapies.

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

Adults with follicular lymphoma that is refractory to at least two prior systemic therapies

Appropriate comparator therapy:

– Patient-individual therapy taking into account prior therapy, course of the disease and general condition

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

An additional benefit is not proven.

Study results according to endpoints:[1]

Adults with follicular lymphoma that is refractory to at least two prior systemic therapies

No adequate data are available to allow an assessment of the additional benefit.

[1] Data from the dossier assessment of the Institute for Quality and Efficiency in Health Care (IQWiG) (A22-14) unless otherwise indicated.

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		

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

Adults with follicular lymphoma that is refractory to at least two prior systemic therapies

approx. 380 – 5,170 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 Copiktra (active ingredient: duvelisib) at the following publicly accessible link (last access: 7 April 2022):

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

Treatment with duvelisib should only be initiated and monitored by specialists in internal medicine, haematology and oncology experienced in the treatment of adults with follicular lymphoma.

4. Treatment costs

Annual treatment costs:

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

Adults with follicular lymphoma that is refractory to at least two prior systemic therapies

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Duvelisib	€ 68,451.58[2]
Appropriate comparator therapy:	
Patient-individual therapy[a]	
Bendamustine + rituximab	
Bendamustine	€ 6,143.00
Rituximab	€ 24,768.89
Total	€ 30,911.89
Additionally required SHI costs	€ 67,05
Bendamustine + obinutuzumab	
Bendamustine	€ 6,143.00
Obinutuzumab	€ 38,365.91
Total	€ 44,508.91
Additionally required SHI costs	€ 11.40
CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone) + rituximab	
Cyclophosphamide	€ 192.94
Doxorubicin	€ 1,703.88
Vincristine	€ 207.66
Prednisolone[3]	€ 41.12
CHOP total	€ 2,145.60
Rituximab	€ 27,142.15
CHOP + rituximab	€ 29,287.75
Additionally required SHI costs	€ 73.13
CVP (cyclophosphamide, vincristine, prednisolone) + rituximab	
Cyclophosphamide	€ 288.96

[2] Duvelisib is currently not sold in Germany. LAUER-TAXE® last revised: 15.April 2022.
[3] Instead of prednisone, the comparable and less expensive prednisolone was presented due to the principle of economic efficiency.

Designation of the therapy	Annual treatment costs/ patient
Vincristine	€ 276.88
Prednisolone	€ 56.08
CVP total	€ 621.92
Rituximab	€ 27,142.15
CVP + rituximab	€ 27,764.07
Additionally required SHI costs	€ 73.13
FCM (fludarabine, cyclophosphamide, mitoxantrone) + rituximab	
Fludarabine	€ 1,558.92 - € 2,598.20
Cyclophosphamide	€ 147.00 - € 294.00
Mitoxantrone	€ 892.52 - € 1,785.04
FCM total	€ 2,589.44 - € 4,677.24
Rituximab	€ 10,856.86 - € 21,713.72
FCM + rituximab	€ 13,455.30 - € 26,390.96
Additionally required SHI costs	€ 36.67 - € 60.98
Chlorambucil + rituximab	
Chlorambucil	€ 166.85
Rituximab	€ 19,968.67
Total	€ 20,135.52
Additionally required SHI costs	€ 48.83
Cyclophosphamide + rituximab	
Cyclophosphamide	€ 288.96
Rituximab	€ 27,142.15
Total	€ 27,431.11
Additionally required SHI costs	€ 73.13
MCP (mitoxantrone, chlorambucil, prednisone) + rituximab	
Mitoxantrone	€ 2,677.56 - € 3,570.08
Chlorambucil	€ 200.22 - € 266.96
Prednisolone[3]	€ 28.04
Rituximab	€ 16,285.29 - € 21,713.72
MCP total	€ 2,905.82 - € 3,865.08
MCP + rituximab	€ 19,191.11 - € 25,578.80
Additionally required SHI costs	€ 48.83 - € 60.98
Lenalidomide + rituximab	

Designation of the therapy	Annual treatment costs/ patient
Lenalidomide	€ 2,219.16
Rituximab	€ 21,713.72
Total	€ 23,932.88
Additionally required SHI costs	€ 60.98
Rituximab monotherapy	
Rituximab	€ 21,713.72
Additionally required SHI costs	€ 60.98
Yttrium-90 radiolabelled ibritumomab tiuxetan pretreated with rituximab	
Ibritumomab tiuxetan	€ 13,865.50
Yttrium-90	incalculable
Rituximab	€ 3,382.70
Total	incalculable
Additionally required SHI costs	€ 48,51
Idelalisib monotherapy	
Idelalisib	€ 52,043.65
[a] The active ingredients or combinations of active ingredients CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone) + obinutuzumab, CVP (cyclophosphamide, vincristine, prednisolone) + obinutuzumab, FM (fludarabine + mitoxantrone) + rituximab/obinutuzumab, ICE (ifosfamide, carboplatin, etoposide) + rituximab/obinutuzumab,—FCM (fludarabine, cyclophosphamide, mitoxantrone) + obinutuzumab, MCP (mitoxantrone, chlorambucil, prednisone) + obinutuzumab and DHAP (dexamethasone, Ara-C/cytarabine, cisplatin) + rituximab/obinutuzumab are suitable comparators for the present benefit assessment in the context of patient-individual therapy. However, these active ingredients or combinations of active ingredients are not approved in the present therapeutic indication, and therefore, no costs are presented for these active ingredients or combinations of active ingredients.	

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 July 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: Duvelisib					
Incalculable.					
Appropriate comparator therapy:					

Bendamustine	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	2	12	€ 972
Cyclophosphamide (in combination with rituximab)	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	1	8	€ 648
Obinutuzumab (in combination with bendamustine)	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	Cycle 1: 3, cycle 2– 9: 1	11	€ 781
Rituximab (in combination with chlorambucil)	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	1	6	€ 426
Rituximab (in combination with cyclophosphamide)	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	1	10	€ 710
Rituximab (in combination with lenalidomide and rituximab as monotherapy)	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	Cycle 1: 4 Cycle 2 - 5: 1	8	€ 568
Rituximab (in combination with	Surcharge for the preparation of a	€ 71	1	9	€ 639

MCP and in combination with bendamustine)	parenteral solution containing monoclonal antibodies				
CHOP					
Cyclophosphamide	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	1	6	€ 486
Doxorubicin	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	1	6	€ 486
Vincristine	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	1	6	€ 486
Rituximab (in combination with CHOP)	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	1	10	€ 710
CVP					
Cyclophosphamide	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	1	8	€ 648
Vincristine	Surcharge for production of a parenteral	€ 81	1	8	€ 648

	preparation containing cytostatic agents				
Rituximab (in combination with CVP)	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	1	10	€ 710
FCM					
Fludarabine	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	3	4 - 8	€ 243 - € 648
Cyclophosphamide	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	3	12 - 24	€ 972 - € 1,944
Rituximab (in combination with FCM)	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	1	4 - 8	€ 284 - € 568
Yttrium-90 radiolabelled ibritumomab tiuxetan pretreated with rituximab					
Yttrium-90 radiolabelled ibritumomab tiuxetan	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	1	1	€ 71
Rituximab	Surcharge for the preparation of a parenteral	€ 71	2	2	€ 142

	solution containing monoclonal antibodies				

II. The resolution will enter into force on the day of its publication on the website of the G-BA on 21 July 2022.

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

Berlin, 21 July 2022

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

Prof. Hecken