

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 Doravirine (new therapeutic indication: HIV infection, 12 to < 18 years)

of 20 October 2022

At its session on 20 October 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 Doravirine in accordance with the resolution of 4 July 2019:

Doravirine

Resolution of: 20 October 2022 Entry into force on: 20 October 2022 Federal Gazette, BAnz AT DD. MM YYYY Bx

New therapeutic indication (according to the marketing authorisation of 7 April 2022):

Pifeltro is indicated, in combination with other antiretroviral medicinal products, for the treatment of adults, and adolescents aged 12 years and older weighing at least 35 kg infected with HIV-1 without past or present evidence of resistance to the NNRTI class.

Therapeutic indication of the resolution (resolution of 20 October 2022):

Pifeltro is indicated, in combination with other antiretroviral medicinal products for the treatment of adolescents aged 12 to < 18 years weighing at least 35 kg infected with HIV-1 without past or present evidence of resistance to the NNRTI class.

- 1. Additional benefit of the medicinal product in relation to the appropriate comparator therapy
- a) Therapy naïve adolescents with HIV-1 infection aged 12 to < 18 years without past or present evidence of resistance to the NNRTI class

Appropriate comparator therapy for doravirine in combination with other antiretrovirals:

Tenofovir alafenamide plus emtricitabine or abacavir plus lamivudine or abacavir plus emtricitabine, each in combination with

- Dolutegravir or
- Atazanavir/ ritonavir or
- Darunavir/ ritonavir or
- Elvitegravir/ cobicistat

Extent and probability of the additional benefit of doravirine in combination with other antiretrovirals compared to the appropriate comparator therapy:

An additional benefit is not proven.

b) Therapy experienced adolescents with HIV-1 infection aged 12 to < 18 years without past or present evidence of resistance to the NNRTI class

Appropriate comparator therapy for doravirine in combination with other antiretrovirals:

- a patient-individual antiretroviral therapy using a selection of approved active ingredients; taking into account the previous therapy/ therapies and the reason for the

change of therapy, in particular, therapy failure because of virological failure and possible associated development of resistance or because of side effects.

Extent and probability of the additional benefit of doravirine in combination with other antiretrovirals compared to the appropriate comparator therapy:

An additional benefit is not proven.

Study results according to endpoints:1

a) Therapy naïve adolescents with HIV-1 infection aged 12 to < 18 years without past or present evidence of resistance to the NNRTI class

No suitable data versus the appropriate comparator therapy were presented.

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	Ø	No data available.
life		
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

个个: statistically significant and relevant positive effect with high reliability of data

 $\downarrow \downarrow$: statistically significant and relevant negative effect with high reliability of data

 \leftrightarrow : no statistically significant or relevant difference

Ø: There are no usable data for the benefit assessment.

n.a.: not assessable

b) Therapy experienced adolescents with HIV-1 infection aged 12 to < 18 years without past or present evidence of resistance to the NNRTI class

No suitable data versus the appropriate comparator therapy were presented.

¹ Data from the dossier assessment of the Institute for Quality and Efficiency in Health Care (IQWiG) (A22-52) 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	Ø	No data available.
life		
Side effects	n.a.	There are no assessable data.

Explanations:

- ↑: statistically significant and relevant positive effect with low/unclear reliability of data
- \downarrow : 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
- \emptyset : 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

a) Therapy naïve adolescents with HIV-1 infection aged 12 to < 18 years without past or present evidence of resistance to the NNRTI class

approx. 10 patients

b) Therapy experienced adolescents with HIV-1 infection aged 12 to < 18 years without past or present evidence of resistance to the NNRTI class

approx. 120 – 130 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 Pifeltro (active ingredient: doravirine) at the following publicly accessible link (last access: 5 October 2022):

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

Treatment with doravirine should only be initiated and monitored by specialists who are experienced in the treatment of patients with HIV-1.

4. Treatment costs

Annual treatment costs:

a) Therapy naïve adolescents with HIV-1 infection aged 12 to < 18 years without past or present evidence of resistance to the NNRTI class

Designation of the therapy	Annual treatment costs/ patient		
Medicinal product to be assessed:			
Doravirine	€ 6,488.93		
Appropriate comparator therapy:			
Dolutegravir	€ 8,652.16		
Atazanavir	€ 4,629.48		
+ ritonavir	€ 429.73		
Total:	€ 5,059.20		
Darunavir	€ 3,805.98		
+ ritonavir	€ 429.73		
Total:	€ 4,235.70		
Elvitegravir/ cobicistat ²	incalculable		

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

Costs for additionally required SHI services: not applicable

b) Therapy experienced adolescents with HIV-1 infection aged 12 to < 18 years without past or present evidence of resistance to the NNRTI class

Designation of the therapy	Annual treatment costs/ patient		
Medicinal product to be assessed:			
Doravirine	€ 6,488.93		
Appropriate comparator therapy:			
Individual antiretroviral therapy ³	€ 1,537.32 - € 26,892.23		

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 October 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 20 October 2022.

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

² Currently, elvitegravir in combination with cobicistat is only available on the German market as a combination medicinal product with emtricitabine/ tenofovir alafenamide or tenofovir disoproxil. It is therefore not possible to present the costs of the individual active ingredient.

³ Because of the different combination possibilities in individual therapy, not all possible variants of combination therapies are presented and considered but the cost range from a cost-effective (nevirapine) to a cost-intensive therapy (enfuvirtide) is specified as an example. The base therapy is not taken into account as it does not differ regularly from that of doravirine.

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

Prof. Hecken