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
Pertuzumab/ Trastuzumab (reassessment after the deadline: breast cancer, HER2+, early at high risk of recurrence, adjuvant treatment, combination with chemotherapy)

of 16 March 2023

At its session on 16 March 2023, 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information on Pertuzumab/ Trastuzumab in the version of the resolution of 15 July 2021 (BAnz AT 16.08.2021 B2) is repealed.**
2. **In Annex XII, the following information is added after No. 4 to the information on the benefit assessment of Pertuzumab/ Trastuzumab in the version of the resolution of 15 July 2021 for the therapeutic indication "for the neoadjuvant treatment of adult patients with HER2-positive, locally advanced, inflammatory, or early stage breast cancer at high risk of recurrence":**

Pertuzumab/ trastuzumab

Resolution of: 16 March 2023
Entry into force on: 16 March 2023
Federal Gazette, BAnz AT DD. MM YYYY Bx

Therapeutic indication (according to the marketing authorisation of 21 December 2020):

Phesgo is indicated for use in combination with chemotherapy in the adjuvant treatment of adult patients with HER2-positive early breast cancer at high risk of recurrence.

Therapeutic indication of the resolution (resolution of 16 March 2023):

See therapeutic indication according to marketing authorisation.

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

Adjuvant treatment of adult patients with HER2-positive early breast cancer at high risk of recurrence.

Appropriate comparator therapy:

a therapeutic regimen containing trastuzumab, a taxane (paclitaxel or docetaxel) and, if appropriate, an anthracycline (doxorubicin or epirubicin)

Extent and probability of the additional benefit of pertuzumab/ trastuzumab in combination with chemotherapy compared to trastuzumab in combination with chemotherapy:

Indication of a minor additional benefit

Study results according to endpoints:[1]

[1] Data from the dossier assessment of the Institute for Quality and Efficiency in Health Care (IQWiG) (A22-102) unless otherwise indicated.

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	↔	No relevant difference for the benefit assessment
Morbidity	↑↑	Advantages in the prevention of recurrences
Health-related quality of life	↔	No relevant difference for the benefit assessment
Side effects	↓↓	Disadvantages in the endpoints serious adverse events (SAE) and severe AEs (CTCAE grade ≥ 3)

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

APHINITY study: Pertuzumab + trastuzumab + chemotherapy **vs** placebo + trastuzumab + chemotherapy

Relevant sub-population: Adults with HER2-positive early stage breast cancer at high risk of recurrence according to the marketing authorisation, defined as nodal-positive or hormone receptor-negative disease (approximately 75% of the study population)

Mortality

Endpoint	Pertuzumab + trastuzumab + chemotherapy		Placebo + trastuzumab + chemotherapy		Intervention vs control
	N	Median survival time in months [95% CI] *Patients with event n (%)*	N	Median survival time in months [95% CI] *Patients with event n (%)*	HR[a] [95% CI] p value
Overall survival (data cut-off: 10.01.2022)					
	1,811	n.r. [n.c.; n.c.] *140 (7.7)*	1,823	n.r. [n.c.; n.c.] *175 (9.6)*	0.798 [0.638; 0.996] 0.046

Morbidity

Endpoint	Pertuzumab + trastuzumab + chemotherapy		Placebo + trastuzumab + chemotherapy		Intervention vs control
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI] p value Absolute difference[b]
Recurrences (data cut-off: 10.01.2022)					
Recurrence rate	1,811	256 (14.1)	1,823	347 (19.0)	0.74 [0.64; 0.86] < 0.001[c] AD: 4.9%
Recurrent ipsilateral invasive local breast cancer	1,811	16 (6.3)	1,823	38 (11.0)	–
Recurrent ipsilateral invasive regional breast cancer	1,811	11 (4.3)	1,823	14 (4.0)	–
Distant recurrence	1,811	132 (51.6)	1,823	174 (50.1)	–
Contralateral invasive breast cancer	1,811	22 (8.6)	1,823	25 (7.2)	–
Secondary primary cancer (not breast cancer)	1,811	43 (16.8)	1,823	52 (15.0)	–
DCIS (ipsilateral or contralateral)	1,811	7 (2.7)	1,823	16 (4.6)	–
Death from any cause	1,811	25 (9.8)	1,823	28 (8.1)	–
Disease-free survival	1,811	256 (14.1) Median time to event: n.r. [n.c.; n.c.]	1,823	347 (19.0) Median time to event: n.r. [n.c.; n.c.]	HR[a]: 0.72 [0.62; 0.85] < 0.001

Endpoint	Pertuzumab + trastuzumab + chemotherapy		Placebo + trastuzumab + chemotherapy		Intervention vs control
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI] p value[d] Absolute difference[b]
Symptomatology (EORTC QLQ-C30) - deterioration by ≥ 10 points (data cut-off: 19.12.2016)					
Fatigue					
End of anti-HER2 therapy	1,538	703 (45.7)	1,597	642 (40.2)	1.14 [1.05; 1.24] 0.001 AD: 5.5%
36-month follow-up	1,361	437 (32.1)	1,327	474 (35.7)	0.90 [0.81; 1.00] 0.054
Nausea and vomiting					
End of anti-HER2 therapy	1,542	184 (11.9)	1,598	176 (11.0)	1.08 [0.89; 1.32] 0.411
36-month follow-up	1,363	125 (9.2)	1,328	132 (9.9)	0.92 [0.73; 1.15] 0.453
Pain					
End of anti-HER2 therapy	1,541	420 (27.3)	1,597	461 (28.9)	0.94 [0.84; 1.05] 0.297
36-month follow-up	1,362	316 (23.2)	1,328	318 (23.9)	0.97 [0.84; 1.11] 0.643
Dyspnoea					
End of anti-HER2 therapy	1,539	392 (25.5)	1,592	375 (23.6)	1.08 [0.96; 1.22] 0.214
36-month follow-up	1,361	278 (20.4)	1,321	303 (22.9)	0.90 [0.78; 1.03] 0.133
Insomnia					
End of anti-HER2 therapy	1,538	430 (28.0)	1,591	405 (25.5)	1.10 [0.98; 1.24] 0.104
36-month follow-up	1,362	318 (23.3)	1,322	333 (25.2)	0.93 [0.81; 1.06] 0.279

Loss of appetite					
End of anti-HER2 therapy	1,538	235 (15.3)	1,594	180 (11.3)	1.35 [1.13; 1.62] 0.001 AD: 4%
36-month follow-up	1,361	121 (8.9)	1,326	125 (9.4)	0.95 [0.75; 1.20] 0.647
Constipation					
End of anti-HER2 therapy	1,538	202 (13.1)	1,593	248 (15.6)	0.84 [0.71; 1.00] 0.055
36-month follow-up	1,363	219 (16.1)	1,321	201 (15.2)	1.06 [0.89; 1.26] 0.537
Diarrhoea					
End of anti-HER2 therapy	1,532	458 (29.9)	1,590	213 (13.4)	2.23 [1.92; 2.58] < 0.001 AD: 16.5%
36-month follow-up	1,358	100 (7.4)	1,322	128 (9.7)	0.76 [0.59; 0.97] 0.031 AD: 2.3%
Symptomatology (EORTC QLQ-BR23) - deterioration by ≥ 10 points (data cut-off: 19.12.2016)					
Side effects of systemic therapy					
End of anti-HER2 therapy	1,535	416 (27.1)	1,591	426 (26.8)	1.02 [0.91; 1.14] 0.742
36-month follow-up	1,358	313 (23.0)	1,321	318 (24.1)	0.96 [0.83; 1.10] 0.522
Chest symptoms					
End of anti-HER2 therapy	1,532	292 (19.1)	1,580	246 (15.6)	1.23 [1.05; 1.43] 0.009 AD: 3.5%
36-month follow-up	1,355	154 (11.4)	1,318	141 (10.7)	1.06 [0.85; 1.31] 0.610
Arm symptoms					
End of anti-HER2 therapy	1,532	417 (27.2)	1,581	454 (28.7)	0.94 [0.84; 1.05] 0.296

36-month follow-up	1,355	320 (23.6)	1,320	336 (25.5)	0.92 [0.81; 1.05] 0.227
Burden due to hair loss					
End of anti-HER2 therapy	57	10 (17.5)	54	16 (29.6)	0.59 [0.29; 1.19] 0.137
36-month follow-up	73	18 (24.7)	77	20 (26.0)	0.89 [0.50; 1.58] 0.696

Health-related quality of life

Endpoint	**Pertuzumab + trastuzumab + chemotherapy**		**Placebo + trastuzumab + chemotherapy**		Intervention vs control
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI] p value[d]
EORTC QLQ-C30 - deterioration by ≥ 10 points (data cut-off: 19.12.2016)					
Global health status					
End of anti-HER2 therapy	1,532	428 (27.9)	1,589	421 (26.5)	1.05 [0.94; 1.18] 0.416
36-month follow-up	1,357	295 (21.7)	1,320	320 (24.2)	0.89 [0.78; 1.02] 0.106
Physical functioning					
End of anti-HER2 therapy	1,543	358 (23.2)	1,597	361 (22.6)	1.03 [0.90; 1.17] 0.664
36-month follow-up	1,363	236 (17.3)	1,329	234 (17.6)	0.98 [0.83; 1.15] 0.800
Role functioning					
End of anti-HER2 therapy	1,540	383 (24.9)	1,594	368 (23.1)	1.08 [0.95; 1.22] 0.221
36-month follow-up	1,362	216 (15.9)	1,327	243 (18.3)	0.87 [0.73; 1.03] 0.098
Emotional functioning					
End of anti-HER2 therapy	1,535	388 (25.3)	1,593	393 (24.7)	1.02 [0.91; 1.16] 0.715

36-month follow-up	1,359	302 (22.2)	1,324	337 (25.5)	0.87 [0.76; 1.00] 0.047 AD: 3.3%
Cognitive functioning					
End of anti-HER2 therapy	1,536	607 (39.5)	1,592	632 (39.7)	1.00 [0.91; 1.09] 0.923
36-month follow-up	1,360	490 (36.0)	1,324	494 (37.3)	0.96 [0.87; 1.06] 0.436
Social functioning					
End of anti-HER2 therapy	1,535	349 (22.7)	1,590	376 (23.6)	0.96 [0.85; 1.09] 0.540
36-month follow-up	1,360	209 (15.4)	1,323	237 (17.9)	0.86 [0.73; 1.02] 0.085
EORTC QLQ-BR23 - deterioration by ≥ 10 points (data cut-off: 19.12.2016)					
Body image					
End of anti-HER2 therapy	1,521	407 (26.8)	1,573	472 (30.0)	0.90 [0.80; 1.00] 0.056
36-month follow-up	1,342	272 (20.3)	1,304	300 (23.0)	0.88 [0.76; 1.02] 0.086
Sexual activity					
End of anti-HER2 therapy	1456	336 (23.1)	1,509	358 (23.7)	0.97 [0.85; 1.11] 0.680
36-month follow-up	1279	258 (20.2)	1251	269 (21.5)	0.93 [0.80; 1.09] 0.377
Sex pleasure					
End of anti-HER2 therapy	437	147 (33.6)	481	159 (33.1)	1.02 [0.85; 1.23] 0.829
36-month follow-up	383	113 (29.5)	402	118 (29.4)	1.03 [0.83; 1.27] 0.822
Future prospects					
End of anti-HER2 therapy	1,518	272 (17.9)	1,576	292 (18.5)	0.97 [0.84; 1.13] 0.697

36-month follow-up	1,340	191 (14.3)	1,304	188 (14.4)	0.99 [0.82; 1.19] 0.918

Side effects

Endpoint	**Pertuzumab + trastuzumab + chemotherapy**		**Placebo + trastuzumab + chemotherapy**		Intervention vs control
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI] p value
Total adverse events (presented additionally) (data cut-off: 19.12.2016)					
	1,783	1,782 (> 99.9)	1,822	1,813 (99.5)	-
Serious adverse events (SAEs)					
	1,783	509 (28.5)	1,822	446 (24.5)	1.17 [1.05; 1.30] 0.006 AD: 4%
Severe adverse events (CTCAE grade 3 or 4)					
	1,783	1142 (64.0)	1,822	1056 (58.0)	1.11 [1.05; 1.16] < 0.001 AD: 10%
Therapy discontinuation due to adverse events					
	1,783	220 (12.3)	1,822	219 (12.0)	1.03 [0.86; 1.22] 0.770
Specific adverse events					
Diarrhoea (PT, AE)	1,783	1255 (70.4)	1,822	824 (45.2)	1.56 [1.47; 1.65] < 0.001[c] AD: 25.2%
Pruritus (PT, AE)	1,783	261 (14.6)	1,822	163 (8.9)	1.64 [1.36; 1.97] < 0.001[c] AD: 5.7%
Heart failure (PT, SAE)	1,783	25 (1.4)	1,822	13 (0.7)	1.97 [1.01; 3.83] 0.043[c] AD: 0.7%
Anaemia (PT, severe AE)	1,783	120 (6.7)	1,822	86 (4.7)	1.43 [1.09; 1.87] 0.010[c] AD: 2%

Diarrhoea (PT, severe AE)	1,783	168 (9.4)	1,822	71 (3.9)	2.42 [1.85; 3.17] < 0.001[c] AD: 5.5%
Stomatitis (PT, severe AE)	1,783	38 (2.1)	1,822	18 (1.0)	2.16 [1.24; 3.77] 0.006[c] AD: 1.1%
Fatigue (PT, severe AE)	1,783	69 (3.9)	1,822	49 (2.7)	1.44 [1.00; 2.06] 0.047[c] AD: 1.2%
Leukopenia (PT, severe AE)	1,783	92 (5.2)	1,822	65 (3.6)	1.45 [1.06; 1.97] 0.019[c] AD: 1.6%
Metabolism and nutrition disorders (SOC, severe AE)	1,783	89 (5.0)	1,822	47 (2.6)	1.94 [1.37; 2.74] < 0.001[c] AD: 2.4%
Musculoskeletal and connective tissue disorders (SOC, severe AE)	1,783	33 (1.9)	1,822	55 (3.0)	0.61 [0.40; 0.94] 0.023[c] AD: 1.1%
Skin and subcutaneous tissue disorders (SOC, severe AE)	1,783	63 (3.5)	1,822	36 (2.0)	1.79 [1.19; 2.68] 0.004[c] AD: 1.5%

[a] Cox model stratified by nodal status, type of adjuvant chemotherapy, hormone receptor status and protocol version; p value from stratified log-rank test
[b] Data on absolute difference (AD) only in the case of statistically significant difference; own calculation
[c] 95% CI asymptotic, unconditional exact test (CSZ method)
[d] RR and p value from log-binomial regression adjusted by nodal status, type of adjuvant chemotherapy, hormone receptor status and protocol version

Abbreviations used:
CTCAE = Common Terminology Criteria for Adverse Events; EORTC = European Organisation for Research and Treatment of Cancer; HR: hazard ratio; n.d.: no data available; CI: confidence interval; N = number of patients evaluated; n = number of patients with (at least one) event; n.r. = not reached; PT: preferred term; QLQ-BR23 = Quality of Life Questionnaire - Breast Cancer 23; QLQ-C30 = Quality of Life Questionnaire - Core 30; RR: relative risk; SOC: system organ class; SAE: serious adverse event; AE: adverse event; vs: versus

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

approx. 1,910 - 3,060 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 Phesgo (active ingredient: pertuzumab/ trastuzumab) at the following publicly accessible link (last access: 2 February 2023):

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

Treatment with pertuzumab/trastuzumab should only be initiated and monitored by specialists in internal medicine, haematology, and oncology, obstetrics and gynaecology, and specialists participating in the Oncology Agreement are experienced in the treatment of adults with breast cancer.

Pertuzumab/ trastuzumab should be used by medical professionals trained in the treatment of anaphylaxis and in an environment where full resuscitation equipment is immediately available.

4. Treatment costs

Annual treatment costs:

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Pertuzumab/ trastuzumab	€ 82,015.54
In combination with one of the following chemotherapy regimens:	
+ 5-fluorouracil + epirubicin + cyclophosphamide (FEC), docetaxel	
5-fluorouracil	€ 42.66 - € 86.24
Epirubicin	€ 1,403.31 - € 2,532.40
Cyclophosphamide	€ 47.75
Docetaxel	€ 2,051.10 - € 3,579.84
Total	€ 85,560.36 - € 88,261.77
+ 5-fluorouracil + epirubicin + cyclophosphamide (FEC), paclitaxel	
5-fluorouracil	€ 42.66 - € 86.24
Epirubicin	€ 1,403.31 - € 2,532.40
Cyclophosphamide	€ 47.75
Paclitaxel	€ 4,885.44
Total	€ 88,394.70 - € 89,567.37
Additionally required SHI services	*€ 213.84*
+ 5-fluorouracil + doxorubicin + cyclophosphamide (FAC), docetaxel	
5-fluorouracil	€ 42.66 - € 86.24

Designation of the therapy	Annual treatment costs/ patient
Doxorubicin	€ 851.25 - € 1,135.00
Cyclophosphamide	€ 47.75
Docetaxel	€ 2,051.10 - € 3,579.84
Total	€ 85,008.30 - € 86,864.37
+ 5-fluorouracil + doxorubicin + cyclophosphamide (FAC), paclitaxel	
5-fluorouracil	€ 42.66 - € 86.24
Doxorubicin	€ 851.25 - € 1,135.00
Cyclophosphamide	€ 47.75
Paclitaxel	€ 4,885.44
Total	€ 87,842.64 - € 88,169.97
Additionally required SHI services	*€ 213.84*
+ doxorubicin + cyclophosphamide (AC), docetaxel	
Doxorubicin	€ 1,278.96
Cyclophosphamide	€ 47.75
Docetaxel	€ 2,051.10 - € 3,579.84
Total	€ 85,393.35- € 86,922.09
+ doxorubicin + cyclophosphamide (AC), paclitaxel	
Doxorubicin	€ 1,278.96
Cyclophosphamide	€ 47.75
Paclitaxel	€ 4,885.44
Total	€ 88,227.69
Additionally required SHI services	*€ 213.84*
+ epirubicin + cyclophosphamide (EC), docetaxel	
Epirubicin	€ 1,871.08 - € 2,532.40
Cyclophosphamide	€ 47.75
Docetaxel	€ 2,051.10 - € 3,579.84
Total	€ 85,985.47 - € 88,175.53
+ epirubicin + cyclophosphamide (EC), paclitaxel	
Epirubicin	€ 1,871.08 - € 2,532.40
Cyclophosphamide	€ 47.75
Paclitaxel	€ 4,885.44
Total	€ 88,819.81 - € 89,481.13
Additionally required SHI services	*€ 213.84*

Designation of the therapy	Annual treatment costs/ patient
+ docetaxel + carboplatin	
Docetaxel	€ 4,102.20
Carboplatin	€ 1,899.54
Total	€ 88,017.28
Appropriate comparator therapy:	
Trastuzumab	€ 36,772.80
In combination with one of the following chemotherapy regimens:	
+ 5-fluorouracil + epirubicin + cyclophosphamide (FEC), docetaxel	
5-fluorouracil	€ 42.66 - € 86.24
Epirubicin	€ 1,403.31 - € 2,532.40
Cyclophosphamide	€ 47.75
Docetaxel	€ 2,051.10 - € 3,579.84
Total	€ 40,317.62 - € 43,019.03
+ 5-fluorouracil + epirubicin + cyclophosphamide (FEC), paclitaxel	
5-fluorouracil	€ 42.66 - € 86.24
Epirubicin	€ 1,403.31 - € 2,532.40
Cyclophosphamide	€ 47.75
Paclitaxel	€ 4,885.44
Total	€ 43,151.96 - € 44,324.63
Additionally required SHI services	*€ 213.84*
+ 5-fluorouracil + doxorubicin + cyclophosphamide (FAC), docetaxel	
5-fluorouracil	€ 42.66 - € 86.24
Doxorubicin	€ 851.25 - € 1,135.00
Cyclophosphamide	€ 47.75
Docetaxel	€ 2,051.10 - € 3,579.84
Total	€ 39,765.56 - € 41,621.63
+ 5-fluorouracil + doxorubicin + cyclophosphamide (FAC), paclitaxel	
5-fluorouracil	€ 42.66 - € 86.24
Doxorubicin	€ 851.25 - € 1,135.00
Cyclophosphamide	€ 47.75
Paclitaxel	€ 4,885.44
Total	€ 42,599.90 - € 42,927.23
Additionally required SHI services	*€ 213.84*

Designation of the therapy	Annual treatment costs/ patient
+ doxorubicin + cyclophosphamide (AC), docetaxel	
Doxorubicin	€ 1,278.96
Cyclophosphamide	€ 47.75
Docetaxel	€ 2,051.10 - € 3,579.84
Total	€ 40,150.61 - € 41,679.35
+ doxorubicin + cyclophosphamide (AC), paclitaxel	
Doxorubicin	€ 1,278.96
Cyclophosphamide	€ 47.75
Paclitaxel	€ 4,885.44
Total	€ 42,984.95
Additionally required SHI services	*€ 213.84*
+ epirubicin + cyclophosphamide (EC), docetaxel	
Epirubicin	€ 1,871.08 - € 2,532.40
Cyclophosphamide	€ 47.75
Docetaxel	€ 2,051.10 - € 3,579.84
Total	€ 40,742.73 - € 42,932.79
+ epirubicin + cyclophosphamide (EC), paclitaxel	
Epirubicin	€ 1,871.08 - € 2,532.40
Cyclophosphamide	€ 47.75
Paclitaxel	€ 4,885.44
Total	€ 43,577.07 - € 44,238.39
Additionally required SHI services	*€ 213.84*
+ docetaxel + carboplatin	
Docetaxel	€ 4,102.20
Carboplatin	€ 2,088.66
Total	€ 42,963.66

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 March 2023)

Other SHI services:

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Cost/ patient/ year
Medicinal product to be assessed:					
Pertuzumab/ trastuzumab	not applicable				
In combination with one of the following chemotherapy regimens:					
5-fluorouracil + epirubicin + cyclophosphamide (FEC)	b	€ 100	2	6 - 8	€ 600 - € 800
+ docetaxel	b	€ 100	1	3 - 4	€ 300 - € 400
+ paclitaxel	b	€ 100	1	12	€ 1,200
5-fluorouracil + doxorubicin + cyclophosphamide (FAC)	b	€ 100	2	6 - 8	€ 600 - € 800
+ docetaxel	b	€ 100	1	3 - 4	€ 300 - € 400
+ paclitaxel	b	€ 100	1	12	€ 1,200
Doxorubicin + cyclophosphamide (AC)	b	€ 100	1	4	€ 400
+ docetaxel	b	€ 100	1	3 - 4	€ 300 - € 400
+ paclitaxel	b	€ 100	1	12	€ 1,200
Epirubicin + cyclophosphamide (EC)	b	€ 100	1	4	€ 400
+ docetaxel	b	€ 100	1	3 - 4	€ 300 - € 400
+ paclitaxel	b	€ 100	1	12	€ 1,200
Docetaxel + carboplatin	b	€ 100	2	12	€ 1,200
Appropriate comparator therapy:					
Trastuzumab	a	€ 100	1	18	€ 1,800
For the appropriate comparator therapy, the costs for the other SHI services of the chemotherapy regimens correspond to those of the medicinal product to be assessed.					
a: Surcharge for the preparation of a parenteral solution containing monoclonal antibodies b: Surcharge for production of a parenteral preparation containing cytostatic agents					

5. Medicinal products with new active ingredients according to Section 35a, paragraph 3, sentence 4 SGB V that can be used in a combination therapy with Trastuzumab Deruxtecan

Medicinal products with new active ingredients pursuant to Section 35a, paragraph 3, sentence 4 SGB V are medicinal products with the following new active ingredients, which, on the basis of the marketing authorisation granted under Medicinal Products Act, can be used in a combination therapy with pertuzumab/ trastuzumab for the adjuvant treatment of adult patients with HER2-positive early breast cancer at high risk of recurrence:

Adjuvant treatment of adult patients with HER2-positive early breast cancer at high risk of recurrence.

- No active ingredient that can be used in a combination therapy that fulfils the requirements of Section 35a, paragraph 3, sentence 4 SGB V.

The designation of combinations exclusively serves the implementation of the combination discount according to Section 130e SGB V between health insurance funds and pharmaceutical companies. The findings made neither restrict the scope of treatment required to fulfil the medical treatment mandate, nor do they make statements about expediency or economic feasibility.

II. The resolution will enter into force on the day of its publication on the website of the G-BA on 16 March 2023.

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

Berlin, 16 March 2023

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

Prof. Hecken