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
Relugolix (Prostate cancer, advanced, hormone-sensitive)

of 6 April 2023

At its session on 6 April 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 shall be amended in alphabetical order to include the active ingredient Relugolix as follows:

Relugolix

Resolution of: 6 April 2023
Entry into force on: 6 April 2023
Federal Gazette, BAnz AT DD. MM YYYY Bx

Therapeutic indication (according to the marketing authorisation of 29 April 2022):

Orgovyx is indicated for the treatment of adult patients with advanced hormone-sensitive prostate cancer.

Therapeutic indication of the resolution (resolution of 6 April 2023):

See therapeutic indication according to marketing authorisation.

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

a) Patients with advanced hormone-sensitive prostate cancer who are eligible for local therapy

Appropriate comparator therapy:

- Radical prostatectomy, if necessary in combination with lymphadenectomy

  or
- Percutaneous radiotherapy in combination with conventional androgen deprivation or bicalutamide

  or
- Percutaneous radiotherapy in combination with HDR brachytherapy (only for patients in clinical category cT3)

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

An additional benefit is not proven.

b) Patients with advanced hormone-sensitive prostate cancer who are ineligible for local therapy

Appropriate comparator therapy:

- Conventional androgen deprivation

  or
- bicalutamide

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

An additional benefit is not proven.

c) Patients with advanced hormone-sensitive prostate cancer and PSA recurrence or clinical recurrence after primary local therapy

Appropriate comparator therapy:

- Patient-individual therapy with selection of:
  - salvage prostatectomy,
  - percutaneous salvage radiotherapy and
  - percutaneous salvage radiotherapy in combination with conventional androgen deprivation or bicalutamide;

  taking into account prior therapy and risk of progression.

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

An additional benefit is not proven.

d) Patients with metastatic hormone-sensitive prostate cancer (mHSPC)

d1) Patients with metastatic hormone-sensitive prostate cancer (mHSPC) who are eligible for combination regimen

Appropriate comparator therapy:

- Conventional androgen deprivation in combination with apalutamide

  or
- conventional androgen deprivation in combination with abiraterone acetate and prednisone or prednisolone (only for patients with newly diagnosed, high-risk prostate cancer)

  or
- conventional androgen deprivation in combination with docetaxel with or without prednisone or prednisolone

  or
- conventional androgen deprivation in combination with enzalutamide

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

An additional benefit is not proven.

d2) Patients with metastatic hormone-sensitive prostate cancer (mHSPC) who are ineligible for combination regimen

Appropriate comparator therapy:

- Conventional androgen deprivation

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

An additional benefit is not proven.

Study results according to endpoints:

a) Patients with advanced hormone-sensitive prostate cancer who are eligible for local therapy

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	∅	No data available.
Morbidity	∅	No data available.
Health-related quality of life	∅	No data available.
Side effects	∅	No data available.
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 ∅: No data available. n.a.: not assessable		

b) Patients with advanced hormone-sensitive prostate cancer who are ineligible for local therapy

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	↔	No relevant differences for the benefit assessment.
Health-related quality of life	↔	No relevant differences for the benefit assessment.
Side effects	↔	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 ↓↓: statistically significant and relevant negative effect with high reliability of data ↔: no statistically significant or relevant difference ∅: No data available. n.a.: not assessable		

MVT-601-3201 study (HERO): Relugolix vs leuprorelin

Study design: open-label, randomised, controlled

Final analysis at database lock on 23.09.2020

Relevant sub-population: Patients with advanced hormone-sensitive prostate cancer who are ineligible for local therapy

Mortality

Endpoint	**Relugolix**		**Leuprorelin**		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 [95% CI] p value[a] Absolute difference (AD)[b]
Overall survival					
	427	n.r. 3 (0.7)	213	n.r. 4 (1.9)	0.36 [0.08; 1.62] 0.185

Morbidity

Endpoint	**Relugolix**		**Leuprorelin**		Intervention vs control
	N[e]	Median time to event in months [95% CI][h] *Patients with event n (%)*	N[e]	Median time to event in months [95% CI][h] *Patients with event n (%)*	HR [95% CI] p value[a] Absolute difference (AD)[b]
EORTC QLQ-C30 Symptomatology [i,j]					
Fatigue	n.d.	2.9 [2.8; 4.7] 304 (71.2)	n.d.	5.6 [2.9; 8.3] 147 (69.0)	1.14 [0.93; 1.39]; 0.205
Nausea and vomiting	n.d.	n.r. 90 (21.1)	n.d.	n.r. 47 (22.1)	0.93 [0.65; 1.32]; 0.685
Pain	n.d.	11.1 [8.5; 11.2] 211 (49.4)	n.d.	11.2 [10.8; n.c.] 96 (45.1)	1.14 [0.90; 1.46]; 0.278
Dyspnoea	n.d.	11.5 [11.5; n.c.] 138 (32.3)	n.d.	11.3 [11.2; n.c.] 78 (36.6)	0.84 [0.63; 1.11]; 0.213
Insomnia	n.d.	8.5 [8.3; 11.3] 220 (51.5)	n.d.	11.0 [8.2; n.c.] 108 (50.7)	1.06 [0.84; 1.34]; 0.628
Appetite loss	n.d.	n.r. 99 (23.2)	n.d.	n.r. 44 (20.7)	1.11 [0.77; 1.58]; 0.580
Constipation	n.d.	11.5 [11.5; n.c.] 146 (34.2)	n.d.	n.r. 62 (29.1)	1.16 [0.86; 1.57]; 0.319

Diarrhoea	n.d.	n.r. 139 (32.6)	n.d.	n.r. 50 (23.5)	1.45 [1.05; 2.00]; 0.026

Endpoint	**Relugolix**		**Leuprorelin**		Intervention vs control
	N[e]	Median time to event in months [95% CI] *Patients with event n (%)*	N[e]	Median time to event in months [95% CI] *Patients with event n (%)*	HR [95% CI] p value[a] Absolute difference (AD)[b]
EORTC QLQ-PR25 Symptomatology [i,j]					
Micturition disorder	n.d.	11.1 [8.5; n.c.] 199 (46.6)	n.d.	11.3 [11.2; n.c.] 84 (39.4)	1.28 [0.99; 1.66]; 0.057
Bowel symptoms	n.d.	n.r. 94 (22.0)	n.d.	n.r. 36 (16.9)	1.31 [0.89; 1.92]; 0.170
Hormone treatment-related symptoms	n.d.	3.0 [2.9; 5.5] 308 (72.1)	n.d.	3.0 [2.8; 5.6] 150 (70.4)	1.05 [0.86; 1.27]; 0.646
Incontinence aid	No suitable data[k]				

Endpoint	**Relugolix**		**Leuprorelin**		Intervention vs control
	N	Median time to event in months [95% CI] *Patients with event n (%)*	N	Median time to event in months [95% CI] *Patients with event n (%)*	HR [95% CI] p value Absolute difference (AD)[b]
Health status					
EQ-5D VAS[c]	n.d.[d]	n.r. 107 (25.1[e])	n.d.	11.5 [11.3; n.c.] 60 (28.2[e])	0.89 [0.65; 1.22] 0.465

Health-related quality of life

Endpoint	Relugolix		Leuprorelin		Intervention vs control
	N	Median time to event in months [95% CI] *Patients with event n (%)*	N	Median time to event in months [95% CI] *Patients with event n (%)*	HR [95% CI] p value[a] Absolute difference (AD)[b]
EORTC QLQ-C30 [j,l]					
Global health status	n.d.	11.1 [8.3; 11.2] 215 (50.4)	n.d.	11.1 [8.5; n.c.] 101 (47.4)	1.06 [0.84; 1.35]; 0.608
Physical functioning	n.d.	n.r. [11.3; n.c.] 159 (37.2)	n.d.	n.r. [11.2; n.c.] 82 (38.5)	0.96 [0.74; 1.26]; 0.775
Role functioning	n.d.	11.2 [11.0; n.c.] 200 (46.8)	n.d.	11.2 [11.1; n.c.] 90 (42.3)	1.19 [0.93; 1.52]; 0.176
Emotional functioning	n.d.	11.5 [11.5; n.c.] 113 (26.5)	n.d.	11.7 [n. c.] 61 (28.6)	0.91 [0.67; 1.25]; 0.561
Cognitive functioning	n.d.	11.2 [11.0; n.c.] 198 (46.4)	n.d.	11.1 [8.3; n.c.] 103 (48.4)	0.94 [0.74; 1.20]; 0.626
Social functioning	n.d.	11.2 [11.1; n.c.] 186 (43.6)	n.d.	11.2 [9.0; n.c.] 96 (45.1)	0.93 [0.73; 1.19]; 0.572

Endpoint	Relugolix		Leuprorelin		Intervention vs control
	N	Median time to event in months [95% CI] *Patients with event n (%)*	N	Median time to event in months [95% CI] *Patients with event n (%)*	HR [95% CI] p value[a] Absolute difference (AD)[b]
EORTC QLQ-PR25 [j,l]					
Sexual activity	n.d.	n.r. 102 (23.9)	n.d.	n.r. 65 (30.5)	0.76 [0.55; 1.03]; 0.078
Sexual functioning	No suitable data[k]				

Side effects

Endpoint	Relugolix		Leuprorelin		Intervention vs control
	N	*Patients with event n (%)*	N	*Patients with event n (%)*	RR [95% CI][f] p value[g] Absolute difference (AD)[b]
Adverse events (presented additionally)					
	427	396 (92.7)	213	201 (94.4)	-
Serious adverse events (SAE)					
	427	40 (9.4)	213	27 (12.7)	0.74 [0.47; 1.17] 0.204
Severe adverse events (CTCAE grade 3 or 4)					
		64 (15.0)	213	35 (16.4)	0.91 [0.63; 1.33] 0.736
Therapy discontinuation due to adverse events					
		12 (2.8)	213	1 (0.5)	5.99 [0.78; 45.73] 0.0502

Endpoint	Relugolix		Leuprorelin		Intervention vs control
	N	*Patients with event n (%)*	N	*Patients with event n (%)*	RR [95% CI] p value[m] Absolute difference (AD)[b]
MACE					
MACE (SAEs)[n]	427	2 (0.5)	213	8 (3.8)	0.12 [0.03; 0.58]; 0.002
Cardiovascular events leading to death [o, p]	427	0 (0)	213	3 (1.4)	0.07 [0.00; 1.38]; 0.015
Non-fatal myocardial infarction [p, q]	427	2 (0.5)	213	1 (0.5)	1.00 [0.09; 10.94]; > 0.999
Non-fatal central nervous system haemorrhage and cerebrovascular diseases [p, r]	427	0 (0)	213	5 (2.3)	0.05 [0.00; 0.82]; 0.001

MACE (severe AEs) [s, t]	427	2 (0.5)	213	6 (2.8)	0.17 [0.03; 0.82]; 0.012
Cardiovascular events leading to death [o, p]	427	0 (0)	213	3 (1.4)	0.07 [0.00; 1.38]; 0.015
Non-fatal myocardial infarction [p, q]	427	2 (0.5)	213	1 (0.5)	1.00 [0.09; 10.94]; > 0.999
Non-fatal central nervous system haemorrhage and cerebrovascular diseases [p, r]	427	0 (0)	213	3 (1.4)	0.07 [0.00; 1.38]; 0.015

[a] HR, CI and p value: Cox proportional hazards model; stratified by region (North and South America/ Europe/ Asia/ remaining regions) and age (≤ 75 years/ > 75 years)
[b] Data on absolute difference (AD) only in the case of statistically significant difference; own calculation
[c] Time to first deterioration. A decrease in score by ≥ 15 points compared to the start of the study is considered a clinically relevant deterioration (scale range 0 to 100).
[d] Percentage refers to the number of patients randomised into this arm.
[e] According to the pharmaceutical company, all patients of the relevant sub-population were included in the evaluation. At the same time, the pharmaceutical company states that patients with no baseline value and/or no value in the course of the study were censored on day 1. Thus, de facto no times of these patients were included in the evaluation. The exact number of these patients cannot be specified. Based on the information on the responses, the number of patients included in the evaluation can be considered sufficiently large
[f] RR, CI (asymptomatic); unstratified
[g] p value: IQWiG calculation
[h] Conversion of time into months by IQWiG
[i] Time to first deterioration. An increase in score by ≥ 10 points compared to the start of the study is considered a clinically relevant deterioration (scale range 0 to 100).
[j] For the evaluations of the endpoints on symptomatology and health-related quality of life (EORTC QLQ-C30 and EORTC QLQ-PR25), the pharmaceutical company states that it did not take into account the assessment from the 30-day safety follow-up visit, as it only wanted to examine the effects of the respective treatment. This approach is improper.
[k] For 56% and 61% of patients, respectively, no incontinence aid or sexual functioning survey was available at the start of the study. At least this percentage of patients was not included in the evaluation. The pharmaceutical company's approach does not ensure that the burden of patients who only develop incontinence or become sexually active in the course of treatment is recorded.
[l] Time to first deterioration. A decrease in score by ≥ 10 points compared to the start of the study is considered a clinically relevant deterioration (scale range 0 to 100).

[m] IQWiG calculation: RR, CI (asymptotic), p value (unconditional exact test, CSZ method according to Martin Andres et al 1994)
[n] Combined endpoint composed of the components cardiovascular events leading to death, non-fatal myocardial infarction (SAE) and non-fatal central nervous system haemorrhage and cerebrovascular diseases (SAE)
[o] The classification as a cardiovascular event was made post hoc by clinical experts according to the information provided by the pharmaceutical company in Module 4 A on the basis of the documented cause of death.
[p] Events were considered regardless of whether it was also the qualifying event for the combined endpoint.
[q] Recorded by means of standardised MedDRA query (SMQ) "myocardial infarction" (broad) excluding fatal events
[r] Recorded by means of the SMQ "Central nervous system haemorrhage and cerebrovascular diseases" (broad) excluding fatal events
[s] Operationalised as CTCAE grade ≥ 3
[t] Combined endpoint composed of the components cardiovascular events leading to death, non-fatal myocardial infarction (severe AEs) and non-fatal central nervous system haemorrhage and cerebrovascular diseases (severe AEs)

Abbreviations used:
AD = absolute difference; CTCAE = Common Terminology Criteria for Adverse Events; EORTC = European Organisation for Research and Treatment of Cancer; HR = hazard ratio; CI = confidence interval; MACE: Major Adverse Cardiovascular Event; MedDRA: Medical Dictionary for Regulatory Activities; N = number of patients evaluated; n = number of patients with (at least one) event; n.c. = not calculable; n.r. = not reached; QLQ-C30 = Quality of Life Questionnaire - Core 30; QLQ-PR25 = Quality of Life Questionnaire - Prostate 25; RR = relative risk; SMQ: standardised MedDRA query; VAS = visual analogue scale; vs = versus

c) Patients with advanced hormone-sensitive prostate cancer and PSA recurrence or clinical recurrence after primary local therapy

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	∅	No data available.
Morbidity	∅	No data available.
Health-related quality of life	∅	No data available.
Side effects	∅	No data available.

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
∅: No data available.
n.a.: not assessable

d) Patients with metastatic hormone-sensitive prostate cancer (mHSPC)

d1) Patients with metastatic hormone-sensitive prostate cancer (mHSPC) who are eligible for combination regimen

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	∅	No data available.
Morbidity	∅	No data available.
Health-related quality of life	∅	No data available.
Side effects	∅	No data available.
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 ∅: No data available. n.a.: not assessable		

d2) Patients with metastatic hormone-sensitive prostate cancer (mHSPC) who are ineligible for combination regimen

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	∅	No data available.
Morbidity	∅	No data available.
Health-related quality of life	∅	No data available.
Side effects	∅	No data available.
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 ∅: No data available. n.a.: not assessable		

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

a) Patients with advanced hormone-sensitive prostate cancer who are eligible for local therapy

approx. 3,400 patients

b) Patients with advanced hormone-sensitive prostate cancer who are ineligible for local therapy

approx. 13,000 to 29,400 patients

c) Patients with advanced hormone-sensitive prostate cancer and PSA recurrence or clinical recurrence after primary local therapy

approx. 2,200 to 2,400 patients

d) Patients with metastatic hormone-sensitive prostate cancer (mHSPC)

d1) Patients with metastatic hormone-sensitive prostate cancer (mHSPC) who are eligible for combination regimen

approx. 5,800 to 8,200 patients

d2) Patients with metastatic hormone-sensitive prostate cancer (mHSPC) who are ineligible for combination regimen

approx. 620 to 880 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 Orgovyx (active ingredient: relugolix) at the following publicly accessible link (last access: 23 March 2023):

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

Treatment with relugolix should only be initiated and monitored by specialists in internal medicine, haematology, oncology and urology, and specialists participating in the Oncology Agreement who are experienced in the treatment of patients with prostate cancer.

4. Treatment costs

Annual treatment costs:

a) Patients with advanced hormone-sensitive prostate cancer who are eligible for local therapy

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Relugolix	€ 2,534.93
Appropriate comparator therapy:	
Radical prostatectomy, if necessary + lymphadenectomy	
Radical prostatectomy,	€ 9,341.81 - € 10,182.53

Designation of the therapy	Annual treatment costs/ patient
if necessary + lymphadenectomy	
Percutaneous radiotherapy + conventional androgen deprivation or bicalutamide	
Percutaneous radiotherapy	€ 4,081.84 - € 4,964.40
Conventional androgen deprivation: GnRH agonist/ GnRH antagonist Orchiectomy	 € 1,283.62 - € 2,139.00 € 3,979.48
bicalutamide	€ 1,741.54
	Total
Percutaneous radiotherapy + conventional androgen deprivation	€ 5,365.46 - € 8,943.88
Percutaneous radiotherapy + bicalutamide	€ 5,823.38 - € 6,705.94
Percutaneous radiotherapy + HDR brachytherapy (only for patients in category cT3)	
Percutaneous radiotherapy	€ 4,081.84 - € 4,964.40
HDR brachytherapy	€ 5,077.08
	Total
Percutaneous radiotherapy + HDR-brachytherapy	€ 9,158.92 - € 10,041.48

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 March 2023)

b) <u>Patients with advanced hormone-sensitive prostate cancer who are ineligible for local therapy</u>

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Relugolix	€ 2,534.93
Appropriate comparator therapy:	
Conventional androgen deprivation: GnRH agonist/ GnRH antagonist Orchiectomy	 € 1,283.62 - € 2,139.00 € 3,979.48
bicalutamide	€ 1,741.54

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 March 2023)

c) <u>Patients with advanced hormone-sensitive prostate cancer and PSA recurrence or clinical recurrence after primary local therapy</u>

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Relugolix	€ 2,534.93
Appropriate comparator therapy:	

Designation of the therapy	Annual treatment costs/ patient
Patient-individual therapy taking into account prior therapy and risk of progression	
Salvage prostatectomy	€ 9,341.81
Percutaneous salvage radiotherapy	€ 3,640.56 - € 4,081.84
Percutaneous radiotherapy + conventional androgen deprivation or bicalutamide	
Percutaneous radiotherapy	€ 4,081.84 - € 4,964.40
Conventional androgen deprivation: GnRH agonist/ GnRH antagonist Orchiectomy	 € 1,283.62 - € 2,139.00 € 3,979.48
bicalutamide	€ 1,741.54
	Total
Percutaneous radiotherapy + conventional androgen deprivation	€ 5,365.46 - € 8,943.88
Percutaneous radiotherapy + bicalutamide	€ 5,823.38 - € 6,705.94

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 March 2023)

d) Patients with metastatic hormone-sensitive prostate cancer (mHSPC)

d1) Patients with metastatic hormone-sensitive prostate cancer (mHSPC) who are eligible for combination regimen

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Relugolix	€ 2,534.93
Appropriate comparator therapy:	
Conventional androgen deprivation + apalutamide	
Conventional androgen deprivation: GnRH agonist/ GnRH antagonist Orchiectomy	 € 1,283.62 - € 2,139.00 € 3,979.48
Apalutamide	€ 35,408.13
	Total
Conventional androgen deprivation + apalutamide	€ 36,691.75 - € 39,387.61
Conventional androgen deprivation + abiraterone acetate and prednisone or prednisolone	
Conventional androgen deprivation: GnRH agonist/ GnRH antagonist Orchiectomy	 € 1,283.62 - € 2,139.00 € 3,979.48
Abiraterone acetate	€ 3,606.07
Prednisone	€ 52.12
Prednisolone	€ 47.71
	Total

Designation of the therapy	Annual treatment costs/ patient
Conventional androgen deprivation + abiraterone acetate and prednisone	€ 4,941.81 - € 7,637.48
Conventional androgen deprivation + abiraterone acetate and prednisolone	€ 4,937.40 - € 7,633.26
Conventional androgen deprivation + docetaxel with or without prednisone or prednisolone	
Conventional androgen deprivation: GnRH agonist/ GnRH antagonist Orchiectomy	 € 1,283.62 - € 2,139.00 € 3,979.48
Docetaxel	€ 4,735.92
Prednisone	€ 42.84
Prednisolone	€ 39.21
	Total
Conventional androgen deprivation + docetaxel	€ 6,019.54 - € 8,715.40
Conventional androgen deprivation + docetaxel + prednisone	€ 6,062.38 - € 8,758.24
Conventional androgen deprivation + docetaxel + prednisolone	€ 6,058.75 - € 8,754.61
Conventional androgen deprivation + enzalutamide	
Conventional androgen deprivation: GnRH agonist/ GnRH antagonist Orchiectomy	 € 1,283.62 - € 2,139.00 € 3,979.48
Enzalutamide	€ 39,933.35
	Total
Conventional androgen deprivation + enzalutamide	€ 41,216.97 - € 43,912.83

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 March 2023)

d2) Patients with metastatic hormone-sensitive prostate cancer (mHSPC) who are ineligible for combination regimen

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Relugolix	€ 2,534.93
Appropriate comparator therapy:	
Conventional androgen deprivation	
Conventional androgen deprivation: GnRH agonist/ GnRH antagonist Orchiectomy	 € 1,283.62 - € 2,139.00 € 3,979.48

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 March 2023)

Other SHI services:

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Docetaxel	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 100	1	6	€ 600

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 Relugolix

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 that can be used in a combination therapy with relugolix for the treatment of adult patients with advanced hormone-sensitive prostate cancer on the basis of the marketing authorisation granted under Medicinal Products Act:

a) Patients with advanced hormone-sensitive prostate cancer who are eligible for local therapy

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

b) Patients with advanced hormone-sensitive prostate cancer who are ineligible for local therapy

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

c) Patients with advanced hormone-sensitive prostate cancer and PSA recurrence or clinical recurrence after primary local therapy

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

d1) Patients with metastatic hormone-sensitive prostate cancer (mHSPC) who are eligible for combination regimen

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

d2) Patients with metastatic hormone-sensitive prostate cancer (mHSPC) who are ineligible for combination regimen

- 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 6 April 2023.

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

Berlin, 6 April 2023

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

Prof. Hecken