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)
Risdiplam (new therapeutic indication: spinal muscular atrophy, < 2 months)

of 7 March 2024

At its session on 7 March 2024, 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 Risdiplam in accordance with the resolution of 21 October 2021:

Risdiplam

Resolution of: 7 March 2024
Entry into force on: 7 March 2024
Federal Gazette, BAnz AT DD. MM YYYY Bx

New therapeutic indication (according to the marketing authorisation of 16 August 2023):

Evrysdi is indicated for the treatment of 5q spinal muscular atrophy (SMA) in patients with a clinical diagnosis of SMA Type 1, Type 2 or Type 3 or with one to four SMN2 copies.

Therapeutic indication of the resolution (resolution of 7 March 2024):

Patients < 2 months of age with 5q spinal muscular atrophy (SMA) and a clinical diagnosis of SMA Type 1, Type 2 or Type 3 or with one to four SMN2 copies

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

a) Pre-symptomatic patients < 2 months of age with 5q SMA and up to three SMN2 copies

Appropriate comparator therapy:

Therapy according to doctor's instructions taking into account nusinersen and onasemnogene abeparvovec

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

An additional benefit is not proven.

b) Symptomatic patients < 2 months of age with a clinical diagnosis of SMA Type 1

Appropriate comparator therapy:

Therapy according to doctor's instructions taking into account nusinersen and onasemnogene abeparvovec

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

An additional benefit is not proven.

c) Pre-symptomatic patients < 2 months of age with 5q SMA and four SMN2 copies

Appropriate comparator therapy:

Therapy according to doctor's instructions taking into account nusinersen and BSC

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

An additional benefit is not proven.

Study results according to endpoints:[1]

a) Pre-symptomatic patients < 2 months of age with 5q SMA and up to three SMN2 copies

There are no assessable data.

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

b) Symptomatic patients < 2 months of age with a clinical diagnosis of SMA Type 1

No data available.

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		

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

Endpoint category	Direction of effect/ risk of bias	Summary
↑↑: 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		

c) Pre-symptomatic patients < 2 months of age with 5q SMA and four SMN2 copies

There are no assessable data.

Summary of results for relevant clinical endpoints

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

a) Pre-symptomatic patients < 2 months of age with 5q SMA and up to three SMN2 copies

b) Symptomatic patients < 2 months of age with a clinical diagnosis of SMA Type 1

c) Pre-symptomatic patients < 2 months of age with 5q SMA and four SMN2 copies

Approx. 55 to 95 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 Evrysdi (active ingredient: risdiplam) at the following publicly accessible link (last access: 11 December 2023):

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

Treatment with risdiplam should be initiated and monitored by specialists in paediatrics and adolescent medicine with a focus on neuropaediatrics or neurology who are experienced in the treatment of patients with spinal muscular atrophy (SMA).

Molecular genetic diagnostics regarding deletion or mutation of the SMN1 gene including determination of the SMN2 gene copy number for the presence of SMA should be performed.

4. Treatment costs

Annual treatment costs:

a) Pre-symptomatic patients < 2 months of age with 5q SMA and up to three SMN2 copies

b) Symptomatic patients < 2 months of age with a clinical diagnosis of SMA Type 1

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Risdiplam[2]	€ 8,573.79
Appropriate comparator therapy:	
Nusinersen	
Nusinersen[2]	€ 239,036.76
Additionally required SHI costs	No billable GOP[3]
Onasemnogene abeparvovec	
Onasemnogene abeparvovec[4]	€ 1,648,150.00
Additionally required SHI costs	No billable GOP[2]

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 February 2024)

c) Pre-symptomatic patients < 2 months of age with 5q SMA and four SMN2 copies

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Risdiplam[2]	€ 8,573.79
Appropriate comparator therapy:	
Nusinersen	

2 The average costs for the first 2 months of life are represented.
3 Fee structure item, according to the Uniform Value Scale of 21.12.2023
4 Single dose

Designation of the therapy	Annual treatment costs/ patient
Nusinersen[2]	€ 239,036.76
Additionally required SHI costs	No billable GOP[3]
Best supportive care[5]	Different from patient to patient

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 February 2024)

5. Designation of 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 the assessed medicinal product

In the context of the designation of medicinal products with new active ingredients pursuant to Section 35a, paragraph 3, sentence 4 SGB V, the following findings are made:

a) Pre-symptomatic patients < 2 months of age with 5q SMA and up to three SMN2 copies

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

b) Symptomatic patients < 2 months of age with a clinical diagnosis of SMA Type 1

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

c) Pre-symptomatic patients < 2 months of age with 5q SMA and four SMN2 copies

- No medicinal product with new active ingredients that can be used in a combination therapy and 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.

III. The resolution will enter into force on the day of its publication on the website of the G-BA on 7 March 2024.

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

Berlin, 7 March 2024

5 When comparing risdiplam versus best supportive care, the costs of best supportive care must also be additionally considered for the medicinal product to be assessed.

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

Prof. Hecken