



# 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  
Abaloparatide (osteoporosis, postmenopausal women)

of 2 October 2024

At its session on 2 October 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. **Annex XII shall be amended in alphabetical order to include the active ingredient  
Abaloparatide as follows:**

Benefit assessment procedure comprises several resolutions:  
Please note the current version of the Pharmaceuticals Directive/Annex XII.

## **Abaloparatide**

Resolution of: 2 October 2024

Entry into force on: 2 October 2024

Federal Gazette, BAnz AT DD. MM YYYY Bx

### **Therapeutic indication (according to the marketing authorisation of 12 December 2022):**

Treatment of osteoporosis in postmenopausal women at increased risk of fracture.

### **Therapeutic indication of the resolution (resolution of 2 October 2024):**

See therapeutic indication according to marketing authorisation.

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

Postmenopausal women with osteoporosis at increased risk of fracture

#### **Appropriate comparator therapy for abaloparatide:**

Patient-individual therapy taking into account risk of fracture and previous therapy with selection of:

Alendronic acid, risedronic acid, zoledronic acid, denosumab, romosozumab (women at significantly increased risk of fracture) and teriparatide

#### **Extent and probability of the additional benefit of abaloparatide compared to the appropriate comparator therapy:**

An additional benefit is not proven.

#### **Study results according to endpoints:<sup>1</sup>**

Postmenopausal women with osteoporosis at increased risk of fracture

There are no assessable data.

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<sup>1</sup> Data from the dossier assessment of the Institute for Quality and Efficiency in Health Care (IQWiG) (A24-41) 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	∅	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		

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

### Postmenopausal women with osteoporosis at increased risk of fracture

approx. 484,000 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 Eladynos (active ingredient: abaloparatide) agreed upon in the context of the marketing authorisation at the following publicly accessible link (last access: 9 August 2024):

[https://www.ema.europa.eu/en/documents/product-information/eladynos-epar-product-information\\_en.pdf](https://www.ema.europa.eu/en/documents/product-information/eladynos-epar-product-information_en.pdf)

#### 4. Treatment costs

##### Annual treatment costs:

##### Postmenopausal women with osteoporosis at increased risk of fracture

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Abaloparatide	
1st year	€ 5,509.47
Subsequent year	€ 3,100.57
Appropriate comparator therapy:	
Alendronic acid	€ 198.80
Risedronic acid	€ 216.36
Zoledronic acid	€ 246.43
Denosumab	€ 717.20
Romozosumab	€ 6,730.60
Teriparatide	
1st year	€ 5,053.90
Subsequent year	€ 5,413.91

Costs after deduction of statutory rebates (LAUER-TAXE) as last revised: 15 September 2024)

Costs for additionally required SHI services: not applicable

#### 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:

##### Postmenopausal women with osteoporosis at increased risk of fracture

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.

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. Entry into force

- 1. The resolution will enter into force on the day of its publication on the website of the G-BA on 2 October 2024.**
- 2. The period of validity of the resolution is limited to 1 April 2025.**

The justification to this resolution will be published on the website of the G-BA at [www.g-ba.de](http://www.g-ba.de).

Berlin, 2 October 2024

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

Benefit assessment procedure comprises several resolutions.  
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