

# 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 Mirvetuximab soravtansine

(ovarian, fallopian tube or primary peritoneal cancer, FR $\alpha$ -positive, platinum-resistant, after 1 to 3 prior therapies)

of 5 June 2025

At their session on 5 June 2025, 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 Mirvetuximab soravtansine as follows:

#### Mirvetuximab soravtansine

Resolution of: 5 June 2025 Entry into force on: 5 June 2025 Federal Gazette, BAnz AT DD. MM YYYY Bx

# Therapeutic indication (according to the marketing authorisation of 14 November 2024):

ELAHERE as monotherapy is indicated for the treatment of adult patients with folate receptoralpha (FR $\alpha$ ) positive, platinum-resistant high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who have received one to three prior systemic treatment regimens

# Therapeutic indication of the resolution (resolution of 5 June 2025):

See therapeutic indication according to marketing authorisation.

# 1. Extent of the additional benefit and significance of the evidence

Mirvetuximab soravtansine is approved as a medicinal product for the treatment of rare diseases in accordance with Regulation (EC) No. 141/2000 of the European Parliament and the Council of 16 December 1999 on orphan drugs. In accordance with Section 35a, paragraph 1, sentence 11, 1st half of the sentence SGB V, the additional medical benefit is considered to be proven through the grant of the marketing authorisation.

The G-BA determines the extent of the additional benefit for the number of patients and patient groups for which there is a therapeutically significant additional benefit in accordance with Chapter 5 Section 12, paragraph 1, number 1, sentence 2 of its Rules of Procedure (VerfO) in conjunction with Section 5, paragraph 8 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV), indicating the significance of the evidence. This quantification of the additional benefit is based on the criteria laid out in Chapter 5 Section 5, paragraph 7, numbers 1 to 4 of the Rules of Procedure (VerfO).

Adult patients with folate receptor-alpha (FRα) positive, platinum-resistant high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who have received one to three prior systemic treatment regimens

# Extent of the additional benefit and significance of the evidence of mirvetuximab soravtansine:

Indication of a considerable additional benefit

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

Adult patients with folate receptor-alpha (FRα) positive, platinum-resistant high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who have received one to three prior systemic treatment regimens

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	$\uparrow\uparrow$	Advantage in overall survival
Morbidity	n.a.	There are no assessable data.
Health-related quality of life	n.a.	There are no assessable data.
Side effects	个个	Advantages in SAEs, severe AEs and therapy discontinuation due to AEs. Advantages and disadvantages in the specific AEs, in detail. The disadvantages of specific AEs are particularly evident in eye disorders.

#### Summary of results for relevant clinical endpoints

#### Explanations:

 $\uparrow$ : 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

 $\uparrow\uparrow$  : 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

 $\varnothing:$  No data available.

n.a.: not assessable

# **Studies**

MIRASOL

- Randomised, open-label, multicentre phase III study
- Mirvetuximab soravtansine vs therapy according to doctor's instructions<sup>2</sup>
- Final data cut-off from 26.09.2024

# FORWARD 1

- Randomised, open-label, multicentre phase III study
- Mirvetuximab soravtansine vs therapy according to doctor's instructions<sup>2</sup>
- Relevant sub-population: Post-hoc defined study population (modified ITT, mITT) with high FR $\alpha$  status ( $\geq$  75%)
- Final data cut-off from 18.03.2020

<sup>&</sup>lt;sup>1</sup> Data from the dossier assessment of the G-BA (published on 17. March 2025), unless otherwise indicated.

<sup>&</sup>lt;sup>2</sup> A selection of paclitaxel, pegylated liposomal doxorubicin and topotecan

# Meta-analysis of the MIRASOL and FORWARD 1 studies

# Mortality

Endpoint	Mirvetuximab			erapy according to ctor's instructions <sup>2</sup>	Intervention vs control
	N	Median survival time in months [95% CI] Patients with event n (%)	Ν	Median survival time in months [95% CI] Patients with event n (%)	HR [95% CI] p value Absolute difference (AD)ª
Overall survival					
MIRASOL	227	16.9 [14.36; 19.8] <i>162 (71)</i>	226	13.3 [11.4; 15.42] 177 (78)	0.67 [0.54; 0.84] 0.0004 AD = + 3.6 months
FORWARD 1 (mITT)	82	16.43 [12.42; 20.50] <i>51 (62)</i>	34	11.40 [6.11; 18.10] 25 (74)	0.66 [0.40; 1.08] 0.10
Meta-analysis	309	16.5 [14.7; 19.1]	260	13.3 [11.4; 15.1]	0.67 [0.55; 0.82] 0.0001 AD = + 3.2 months
				Interaction test <sup>b</sup> :	0.92

# Morbidity

Endpoint		Mirvetuximab		erapy according to octor's instructions <sup>2</sup>	Intervention vs control
	N	Median time to event in months [95% CI] Patients with event n (%)	Ν	Median time to event in months [95% CI] Patients with event n (%)	HR [95% CI] p value Absolute difference (AD) <sup>a</sup>
Progression-free s	Progression-free survival according to BICR (primary endpoint – presented additionally)				
MIRASOL	227	5.82 [4.93; 6.97] <i>164 (72)</i>	226	4.34 [3.52; 4.99] 127 (56)	0.70 [0.55; 0.89] 0.0043 AD = + 1.48 months
FORWARD 1 (mITT)	82	5.68 [4.04; 8.15] 59 (72)	34	3.22 [1.51; 5.49] 26 (76)	0.62 [0.38; 1.02] 0.069
Meta-analysis	309	5.75 [5.39; 6.87]	260	4.30 [3.22; 4.86]	0.69 [0.56; 0.86] 0.0011 AD = + 1.45 months

Endpoint	Mirvetuximab			erapy according to ctor's instructions <sup>2</sup>	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 (%)	Effect estimator [95% CI] p value Absolute difference (AD) <sup>a</sup>		
EORTC QLQ-C30		No suitable data available.					
EORTC QLQ- OV28		No suitable data available.					
EQ-5D-VAS	No suitable data available.						
PGIS		No suitable data available.					
FOSI <sup>d</sup>		Nc	suital	ole data available.			

# Health-related quality of life

Endpoint	Mirvetuximab			erapy according to ctor's instructions <sup>2</sup>	Intervention vs control	
	N	Median time to event in months [95% CI] Patients with event n (%)	Ν	Median time to event in months [95% CI] Patients with event n (%)	Effect estimator [95% CI] p value Absolute difference (AD) <sup>a</sup>	
EORTC QLQ-C30		No suitable data available.				
EORTC QLQ- OV28		No suitable data available.				

Side e	ffects
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Endpoint MedDRA system organ classes/ preferred terms/ AEs of special interest	М	Mirvetuximab		apy according to doctor's astructions <sup>2</sup>	Intervention vs control
	N	Median time to event in weeks [95% Cl]	N	Median time to event in weeks [95% CI]	HR [95% Cl] p value
		Patients with event n (%)		Patients with event n (%)	
Total adverse events (presented add	litional	ly)			
MIRASOL	218	0.50 [0.29; 0.86] 211 (97)	207	1.00 [0.86; 1.14] 194 (94)	-
FORWARD 1 (mITT)	79	0.43 [0.29; 0.57] 79 (100)	32	0.50 [0.29; 1.00] 32 (100)	-
Meta-analysis	297	0.43 [0.29; 0.57] 290 (98)	239	0.86 [0.57; 1.14] 226 (95)	-
Serious adverse events (SAE)			_		
MIRASOL	218	n.a. [59.9; n.a.] 55 (25)	207	33.7 [28.6; n.a.] 69 (33)	0.55 [0.38; 0.80] 0.0012
FORWARD 1 (mITT)	79	97.29 [97.29; n.a.] 22 (28)	32	30.71 [7.57; n.a.] 13 (41)	0.44 [0.21; 0.92] 0.033 AD = +66.58 weeks
Meta-analysis	297	n.a. [97.3; n.a.] 77 (26)	239	33.71 [28.6; 45.7] 82 (34)	0.51 [0.37; 0.71] 0.0001
			II	nteraction test <sup>b</sup> :	0.62
Severe adverse events (CTCAE grade	e 3 or 4	)	1		
MIRASOL	218	31.6 [21.1; 47.7] 97 (44)	207	14.1 [9.71; 17.7] 113 (55)	0.54 [0.41; 0.72] < 0.0001 AD = + 17.5 weeks
FORWARD 1 (mITT)	79	31.86 [19.0; n.a.] 37 (47)	32	9.00 [3.14; 10.43] 20 (62)	0.44 [0.25; 0.79] 0.008 AD = + 22.86 weeks
Meta-analysis	297	31.57 [22.0; 44.7] 134 (45)	239	12.0 [9.14; 16.0] 133 (56)	0.51 [0.40; 0.66] < 0.0001 AD = + 19.57 weeks

			Ir	nteraction test <sup>b</sup> :	0.58
Therapy discontinuation due	e to adverse ev	ents			
MIRASOL	218	n.a. [73.86; n.a.] 25 (11)	207	79.14 [55.29; n.a.] 31 (15)	0.44 [0.25; 0.78] 0.0042
FORWARD 1 (mITT)	79	n.a. [61.14; n.a.] 13 (16)	32	18.71 [8.71; n.a.] 15 (47)	0.27 [0.12; 0.59] 0.001
Meta-analysis	297	n.a. 38 (13)	239	79.1 [55.3; n.a.] 46 (19)	0.38 [0.24; 0.60] < 0.0001
			Ir	nteraction test <sup>b</sup> :	0.35
Severe adverse events accor statistically significant differe					y arm and
Blood and lymphatic system	disorders, SOC				
MIRASOL	218	n.a. 6 (3)		n.a. 51 (25)	0.07 [0.03; 0.17] < 0.0001
FORWARD 1	79	n.a. 4 (5)		34.3 [6.29; n.a.] 9 (28)	0.06 [0.01; 0.28] < 0.0001
Meta-analysis	297	n.a. 10 (3)		n.a. [34.3; n.a.] 60 (25)	0.07 [0.03; 0.15] < 0.0001 <sup>e</sup>
Anaemia, PT					
MIRASOL	218	n.a. 2 (1)	207	n.a. [48.0; n.a.] 21 (10)	0.04 [0.01; 0.30] < 0.0001
Meta-analysis	297	n.a. 4 (1)	239	n.a. [48.0; n.a.] 23 (10)	0.08 [0.03; 0.29] < 0.0001 <sup>e</sup>
Neutropenia, PT					
MIRASOL	218	n.a. 2 (1)	207	n.a. 36 (17)	0.04 [0.01; 0.16] < 0.0001
Meta-analysis	297	n.a. 2 (1)	239	n.a. 44 (18)	0.02 [0.01; 0.09] < 0.0001 <sup>e</sup>
Thrombocytopenia, PT					
MIRASOL	218	n.a. 2 (1)	207	n.a. 13 (6)	0.10 [0.02; 0.43] 0.0001
Fatigue, PT					
MIRASOL	218	n.a.	207	n.a.	0.31

		5 (2)		11 (5)	[0.11; 0.90] 0.02
Meta-analysis	297	n.a. 7 (2)	239	n.a. [74.7; n.a.] 13 (5)	0.30 [0.12; 0.78] 0.01 <sup>e</sup>
Eye disorder, SOC					
MIRASOL	218	100.7 [98.4; n.a.] 34 (16)	207	n.a. 0 (0)	n.a. <sup>f</sup>
FORWARD 1	79	106.0 [44.7; n.a.] 11 (14)	32	n.a. 0 (0)	n.a. <sup>f</sup>
Meta-analysis	297	106.0 [98.4; n.a.] 45 (15)	239	n.a. 0 (0)	n.a. <sup>f</sup>
General disorders and administra	tion site cor	nditions, SOC			
MIRASOL	218	n.a. 10 (5)	207	n.a. 22 (11)	0.33 [0.15; 0.69] 0.002
FORWARD 1	79	74.1 [n.a.] 4 (5)	32	n.a. 6 (19)	0.20 [0.06; 0.73] 0.014
Meta-analysis	297	n.a. 14 (5)	239	n.a. [74.7; n.a.] 28 (12)	0.29 [0.15; 0.56] 0.0001 <sup>e</sup>
Fatigue, PT					
MIRASOL	218	n.a. 5 (2)	207	n.a. 11 (5)	0.31 [0.11; 0.90] 0.02
Meta-analysis	297	n.a. 7 (2)	239	n.a. [74.7; n.a.] 13 (5)	0.30 [0.12; 0.78] 0.01 <sup>e</sup>
Investigations, SOC					
MIRASOL	218	n.a. 6 (3)	207	n.a. 17 (8)	0.22 [0.08; 0.61] 0.001
Meta-analysis	297	n.a. 8 (3)	239	n.a. 19 (8)	0.24 [0.10; 0.57] 0.0006 <sup>e</sup>
SAEs according to MedDRA (wit difference between the treatme			study a	arm and statistica	ally significant
Small bowel obstruction, PT					
MIRASOL	218	n.a. 4 (2)	207	n.a. 10 (5)	0.24 [0.07; 0.76]

					0.01
Meta-analysis	297	n.a. 4 (1)	239	n.a. 12 (5)	0.18 [0.06; 0.56] 0.001 <sup>e</sup>
Gastrointestinal disorders, SC	DC				
Meta-analysis	297	n.a. 32 (11)	239	n.a. [38.3; n.a.] 32 (13)	0.57 [0.34; 0.95] 0.03 <sup>e</sup>
Adverse events of special in between the treatment arm		tistically signific	ant diff	erence	
Pneumonitis, AE regardless of	of severity grade	2			
MIRASOL	218	n.a. [56.7; n.a.] 26 (12)	207	n.a. 1 (0.5)	12.4 [1.65; 92.9] 0.0004
Peripheral neuropathy, AE re	egardless of seve	erity grade			
MIRASOL	218	n.a. [19.1; n.a.] 82 (38)	207	n.a. [24.3; n.a.] 47 (23)	1.45 [1.01; 2.08] 0.043
Meta-analysis	297	52.1 [19.1; n.a.] 118 (40)	239	n.a. [24.3; n.a.] 56 (23)	1.40 [1.01; 1.94] 0.041 <sup>e</sup>
Cataract, AE regardless of sev	verity grade				
MIRASOL	218	98.43 [52.9; n.a.] 37 (17)	207	n.a. 1 (0.5)	18.1 [2.46; 133.9] < 0.0001
Meta-analysis	297	85.14 [52.14; n.a.] 51 (17)	239	n.a. 2 (1)	10.54 [2.5; 44.0] < 0.0001 <sup>e</sup>
Dry eye, AE regardless of sev	erity grade		1 1		
MIRASOL	218	98.4 [37.1; n.a.] 64 (29)	207	n.a. 5 (2)	11.1 [4.42; 27.6] < 0.0001
FORWARD 1	79	30.1 [24.1; n.a.] 28 (35)	32	n.a. [23.6; n.a.] 1 (3)	10.5 [1.42; 77.4] 0.001
Meta-analysis	297	68.6 [30.4; n.a.] 92 (31)	239	n.a. 6 (3)	11.0 [4.80; 25.4] < 0.0001 <sup>e</sup>
Eye pain, AE regardless of sev	verity grade				
MIRASOL	218	n.a. 21 (10)	207	n.a. 1 (0.5)	15.5 [2.07; 116.0] 0.0001
Meta-analysis	297	n.a.	239	n.a. 1 (0.4)	19.7 [2.7; 145.4]

		[111.1; n.a.] 32 (11)			< 0.0001 <sup>e</sup>
Keratopathy, AE regardless of seve	erity grade				
Meta-analysis	297	51.0 [34.43; n.a.] 94 (32)	239	n.a. 1 (0.4)	67.0 [9.32; 482.0] < 0.0001 <sup>e</sup>
Photophobia, AE regardless of sev	erity grade				• 
MIRASOL	218	n.a. [71.3; n.a.] 42 (19)	207	n.a. 1 (0.5)	29.5 [4.05; 215.3] < 0.0001
Meta-analysis	297	102.0 [75.3; n.a.] 56 (19)	239	n.a. 2 (1)	17.0 [4.12; 70.2] < 0.0001 <sup>e</sup>
Blurred vision, AE regardless of sev	verity grade	9			·
MIRASOL	218	31.1 [15.1; 39.3] 94 (43)	207	n.a. 5 (2)	16.8 [6.80; 41.4] < 0.0001
FORWARD 1	79	19.0 [11.1; 30.1] 36 (46)	32	n.a. 1 (3)	17.2 [2.34; 125.6] < 0.0001
Meta-analysis	297	23.9 [15.3; 32.3] 130 (44)	239	n.a. 6 (3)	17.0 [7.47; 38.7] < 0.0001 <sup>e</sup>
Reduced visual acuity, AE regardle	ss of sever	ity grade			
Meta-analysis	297	n.a. [62.1; n.a.] 49 (16)	239	n.a. 1 (0)	24.7 [3.39; 180.7] < 0.0001 <sup>e</sup>
<ul> <li>a. Indication of absolute diffication</li> <li>b. Interaction test from the</li> <li>c. Only collected in the MIR,</li> <li>d. Only collected in the FOR</li> <li>e. No information on the int</li> </ul>	data cut-o ASOL study WARD 1 st	ff from 27.10.20 / udy		ically significar	nt difference; owr

f. HR not calculable; a significant difference can be assumed, taking into account the high event rate already at an early stage and considering the number and time until the first AESI "Eye disorders" respectively

Abbreviations used:

AD = absolute difference; CTCAE = Common Terminology Criteria for Adverse Events; HR = hazard ratio; CI = confidence interval; N = number of patients evaluated; n = number of patients with (at least one) event; n.a. = not applicable; n.c. = not calculable; n.r. = not reached; vs = versus

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

Adult patients with folate receptor-alpha (FRα) positive, platinum-resistant high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who have received one to three prior systemic treatment regimens

Approx. 630 – – 1,300 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 Elahere (active ingredient: mirvetuximab soravtansine) at the following publicly accessible link (last access: 23 May 2025):

https://www.ema.europa.eu/en/documents/product-information/elahere-epar-productinformation\_en.pdf

Treatment with mirvetuximab soravtansine should only be initiated and monitored by specialists in internal medicine, haematology, and oncology, specialists in gynaecology, and other specialists participating in the Oncology Agreement, all of whom are experienced in the treatment of patients with ovarian cancer.

Prior to treatment with mirvetuximab soravtansine and in the event of eye symptoms, an eye examination should be carried out by an ophthalmologist. Prior to each cycle, patients should also be advised to report any new or deteriorating eye symptoms to the treating doctor or specialist staff.

# 4. Treatment costs

# Annual treatment costs:

Adult patients with folate receptor-alpha (FRa) positive, platinum-resistant high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who have received one to three prior systemic treatment regimens

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Mirvetuximab soravtansine	€ 245,200.10
Additionally required SHI costs	€ 178.69 - € 181.19
Total	€ 245,378.79 - € 245,381.29

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 May 2025)

Other SHI services:

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Medicinal product to be assessed					
Mirvetuximab soravtansine	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	17.4	€ 1,740

# 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:

Adult patients with folate receptor-alpha (FRα) positive, platinum-resistant high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who have received one to three prior systemic treatment regimens

 No designation of medicinal products with new active ingredients that can be used in combination therapy pursuant to Section 35a, paragraph 3, sentence 4 SGB V, as the active ingredient to be assessed is an active ingredient authorised in monotherapy.

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 5 June 2025.

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

Berlin, 5 June 2025

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

Prof. Hecken