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
Letermovir (new therapeutic indication: CMV reactivation/ disease, prophylaxis after stem cell transplant, < 18 years, ≥ 5 kg)

of 6 November 2025

At their session on 6 November 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. **In Annex XII, the following information shall be added after No. 5 to the information on the benefit assessment of Letermovir in accordance with the resolution of 6 June 2024 on the therapeutic indication "Prophylaxis of CMV diseases in adults who have received a kidney transplant [D+/R-]" (Federal Gazette, BAnz AT 10.07.2024 B4), last amended on 8 August 2024 (Federal Gazette, BAnz AT 06.09.2024 B3):**

Letermovir

Resolution of: 6 November 2025
Entry into force on: 6 November 2025
Federal Gazette, BAnz AT DD. MM YYYY Bx

New therapeutic indication (according to the marketing authorisation of 25 April 2025):

PREVYMIS is indicated for prophylaxis of cytomegalovirus (CMV) reactivation and disease in adult and paediatric patients weighing at least 5 kg who are CMV-seropositive recipients [R+] of an allogeneic haematopoietic stem cell transplant (HSCT).

Therapeutic indication of the resolution (resolution of 6 November 2025):

PREVYMIS is indicated for prophylaxis of cytomegalovirus (CMV) reactivation and disease in paediatric patients weighing at least 5 kg who are CMV-seropositive recipients [R+] of an allogeneic haematopoietic stem cell transplant (HSCT).

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

CMV-seropositive recipients [R+] of an allogeneic haematopoietic stem cell transplant aged 0 to < 18 years weighing at least 5 kg for whom prophylaxis of cytomegalovirus (CMV) reactivation and disease is indicated

Appropriate comparator therapy:

- monitoring wait-and-see approach

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

Hint for a non-quantifiable additional benefit

Study results according to endpoints:[1]

CMV-seropositive recipients [R+] of an allogeneic haematopoietic stem cell transplant aged 0 to < 18 years weighing at least 5 kg for whom prophylaxis of cytomegalovirus (CMV) reactivation and disease is indicated

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	↔	No relevant differences for the benefit assessment under transfer of evidence of the results from adults.
Morbidity	↑	Advantage under transfer of evidence of the results from adults.
Health-related quality of life	↔	No relevant differences for the benefit assessment under transfer of evidence of the results from adults.
Side effects	↔	No relevant differences for the benefit assessment under transfer of evidence of the results from adults.
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		

MK-8228-030 study (P030): open-label, phase 2 study, paediatric patients (0 to < 18 years)

Mortality

Endpoint	Letermovir	
	N[a]	Patients with event n (%)
Mortality (up to week 48 after stem cell transplant)		
Overall mortality[b]	63	6 (9.5)

[1] Data from the dossier assessment of the IQWiG (A25-67) and from the addendum (A25-126), unless otherwise indicated.

Morbidity

Endpoint	Letermovir	
	N	Patients with event n (%)
Morbidity (until week 24 after stem cell transplant)		
Clinically significant CMV infection at week 24[c]	56	6 (10.7)
Initiation of a PET[c]	56	6 (10.7)
Occurrence of CMV end organ damage[f]	56	0 (0.0)

Quality of life

No data on health-related quality of life were collected.

Side effects[d]

Endpoint MedDRA system organ classes/ AEs of special interest	Letermovir	
	N	Patients with event n (%)
Adverse events (until week 18, AEs, presented additionally)		
	63	63 (100)
Serious adverse events (until week 18, SAE)		
	63	38 (60.3)
Therapy discontinuation due to adverse events (until week 18)		
	63	8 (12.7)

a. All-participants-as-treated population of the pharmaceutical company, defined as all enrolled patients who received at least 1 dose of the study medication.
b. The pharmaceutical company provides no information on the median time to event.
c. Values relate to the full analysis set population, defined as all enrolled patients who received at least 1 dose of the study medication and in whom no CMV viraemia was detected at the start of treatment.
d. Side effects were collected in the MK-8228-030 study up to 4 weeks after the end of treatment (maximum week 18 after stem cell transplant).

Abbreviations:
CMV: cytomegalovirus; n: number of patients with (at least 1) event; n.d.: no data available; N: number of patients evaluated.; PET: pre-emptive therapy; pU: pharmaceutical company

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

CMV-seropositive recipients [R+] of an allogeneic haematopoietic stem cell transplant aged 0 to < 18 years weighing at least 5 kg for whom prophylaxis of cytomegalovirus (CMV) reactivation and disease is indicated

Approx. 160 to 240 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 Prevymis (active ingredient: letermovir) at the following publicly accessible link (last access: 14 July 2025):

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

Treatment with letermovir should only be initiated and monitored by doctors experienced in treating patients who have received an allogeneic haematopoietic stem cell transplant or kidney transplant.

4. Treatment costs

Annual treatment costs:

CMV-seropositive recipients [R+] of an allogeneic haematopoietic stem cell transplant aged 0 to < 18 years weighing at least 5 kg for whom prophylaxis of cytomegalovirus (CMV) reactivation and disease is indicated

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Letermovir	€ 13,480.91 - € 38,179.00
Appropriate comparator therapy:	
monitoring wait-and-see approach	Not calculable

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

Costs for additionally required SHI services: not applicable

Other SHI services:

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Letermovir	Preparation of infusion solutions containing antibiotics and virustatics	€ 39.00	73 - 101	73 - 101	€ 2,847 - € 3,939

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:

CMV-seropositive recipients [R+] of an allogeneic haematopoietic stem cell transplant aged 0 to < 18 years weighing at least 5 kg for whom prophylaxis of cytomegalovirus (CMV) reactivation and disease is indicated

- 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. The resolution will enter into force on the day of its publication on the website of the G-BA on 6 November 2025.

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

Berlin, 6 November 2025

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

Prof. Hecken