

Justification

of the Resolution of the Federal Joint Committee (G-BA) on
an Amendment of the Pharmaceuticals Directive:

Annex XII – Benefit Assessment of Medicinal Products with
New Active Ingredients according to Section 35a SGB V
Meropenem/ vaborbactam (bacterial infections, multiple
therapeutic indications)

of 17 April 2025

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1. Legal basis

According to Section 35a paragraph 1 German Social Code, Book Five (SGB V), the Federal Joint Committee (G-BA) assesses the benefit of reimbursable medicinal products with new active ingredients.

Pursuant to Section 35a, paragraph 1c, sentence 1 SGB V, the Federal Joint Committee shall exempt the pharmaceutical company from the obligation to submit the evidence pursuant to Section 35a, paragraph 1, sentence 3, numbers 2 and 3 SGB V (medical benefit and additional medical benefit in relation to the appropriate comparator therapy) upon request, if it is an antibiotic that is effective against infections caused by multi-resistant bacterial pathogens with limited treatment options and the use of this antibiotic is subject to a strict indication (reserve antibiotic).

The additional benefit is deemed to be proven if the Federal Joint Committee has decided on an exemption for a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V; the extent of the additional benefit and its therapeutic significance are not to be assessed by the Federal Joint Committee.

By resolution pursuant to Section 35a, paragraph 3, sentence 1 SGB V, the Federal Joint Committee shall specify the requirements for a quality-assured application of the reserve antibiotic pursuant to Section 35a, paragraph 1c, sentence 8 SGB V, taking into account the effects on the resistance situation. Pursuant to Chapter 5 Section 20, paragraph 6, sentence 3 of the Rules of Procedure (VerfO), the Federal Joint Committee may lay down restrictive requirements for the use of the antibiotic in order to ensure a strict indication, if this is necessary to maintain the reserve status of the medicinal product. With regard to these requirements for a quality-assured application of the reserve antibiotic, it shall obtain a statement from the Robert Koch Institute, which shall be prepared in agreement with the Federal Institute for Drugs and Medical Devices.

Pursuant to Section 35a, paragraph 3 SGB V, the G-BA decides on the benefit assessment, taking into account the requirements for a quality-assured application according to Section 35a, paragraph 1c, sentence 8 SGB V, within three months of its publication. The resolution is to be published on the internet and is part of the Pharmaceuticals Directive.

2. Key points of the resolution

By resolution of 7 March 2024, the Federal Joint Committee decided that the pharmaceutical company is exempted from the obligation to submit evidence in the benefit assessment procedure for the medicinal product Vaborem with the combination of active ingredients meropenem/ vaborbactam according to Section 35a, paragraph 1, sentence 3, numbers 2 and 3 SGB V, since the medicinal product Vaborem with the combination of active ingredients meropenem/ vaborbactam for the treatment of bacterial infections is a reserve antibiotic within the meaning of Section 35a, paragraph 1c, sentence 1 SGB V.

The relevant date for the start of the benefit assessment procedure was the first placing on the (German) market of the combination of active ingredients meropenem/ vaborbactam on 1 November 2024 in accordance with Chapter 5 Section 8, paragraph 1, number 1, sentence 2 of the Rules of Procedure (VerfO) of the G-BA.

The pharmaceutical company submitted the final dossier to the G-BA in accordance with Section 4, paragraph 3, number 1 of the Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV) in conjunction with Chapter 5 Section 8, paragraph 1, number

1 VerfO on 31 October 2024. In this, the pharmaceutical company submitted evidence pursuant to Section 35a, paragraph 1, sentence 3, numbers 1, 4 and 5 SGB V and evidence on the requirements for a quality-assured application of the reserve antibiotic, taking into account the effects on the resistance situation (Chapter 5 VerfO Annex II. 1 Section 1.4). The assessment procedure started on 1 November 2024.

The additional benefit is deemed to be proven if the Federal Joint Committee has decided on an exemption for a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V; the extent of the additional benefit and its therapeutic significance are not to be assessed by the Federal Joint Committee. By resolution pursuant to Section 35a, paragraph 3, sentence 1 SGB V, the Federal Joint Committee shall specify requirements for a quality-assured application of the reserve antibiotic, taking into account the effects on the resistance situation.

A draft of the requirements for a quality-assured application of the reserve antibiotic was made available to the Robert Koch Institute for drafting a statement in agreement with the BfArM in accordance with Section 35a, paragraph 1c SGB V.

The G-BA commissioned the IQWiG to assess the information provided by the pharmaceutical company in Module 3 of the dossier on treatment costs and patient numbers.

The draft of the requirements for a quality-assured application as well as the RKI statement drafted in agreement with the BfArM were published on the G-BA's website (www.g-ba.de) together with IQWiG's assessment of treatment costs and patient numbers, thus initiating the written statement procedure. In addition, an oral hearing was held.

The G-BA has adopted its resolution on the basis of the dossier of the pharmaceutical company, the draft of the requirements for a quality-assured application prepared by the G-BA taking into account the joint statement of RKI/BfArM, the IQWiG's assessment of treatment costs and patient numbers (IQWiG G24-33) and the statements submitted in the written statement and oral hearing procedure.

2.1 Additional benefit of the medicinal product

2.1.1 Approved therapeutic indication of Meropenem/ vaborbactam (Vaborem) in accordance with the product information

Vaborem is indicated for the treatment of the following infections in adults:

- Complicated urinary tract infection (cUTI), including pyelonephritis
- Complicated intra-abdominal infection (cIAI)
- Hospital-acquired pneumonia (HAP), including ventilator associated pneumonia (VAP).

Treatment of patients with bacteraemia that occurs in association with, or is suspected to be associated with, any of the infections listed above.

Vaborem is also indicated for the treatment of infections due to aerobic Gram-negative organisms in adults with limited treatment options.

Consideration should be given to official guidance on the appropriate use of antibacterial agents.

Therapeutic indication of the resolution (resolution of 17 April 2025):

see the approved therapeutic indication

2.1.2 Extent of the additional benefit and significance of the evidence

In summary, the additional benefit of meropenem/ vaborbactam is assessed as follows:

a) Adults with complicated urinary tract infection (cUTI), including pyelonephritis

The additional benefit is considered proven.

b) Adults with complicated intra-abdominal infection (cIAI)

The additional benefit is considered proven.

c) Adults with hospital-acquired pneumonia (HAP), including ventilator-associated pneumonia (VAP)

The additional benefit is considered proven.

d) Adults with bacteraemia that occurs in association with, or is suspected to be associated with complicated urinary tract infection, including pyelonephritis, with complicated intra-abdominal infection, or with hospital-acquired pneumonia, including ventilator-associated pneumonia

The additional benefit is considered proven.

e) Adults with infections caused by aerobic Gram-negative organisms with limited treatment options

The additional benefit is considered proven.

Justification:

For the medicinal product Vaborem with the combination of active ingredients meropenem/ vaborbactam, an exemption from the obligation to submit the evidence according to Section 35a, paragraph 1, sentence 3, numbers 2 and 3 SGB V was granted by resolution of 7 March 2024, as it is a reserve antibiotic within the meaning of Section 35a, paragraph 1c, sentence 1 SGB V.

The additional benefit is deemed to be proven if the Federal Joint Committee has decided on an exemption for a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V; the extent of the additional benefit and its therapeutic significance are not to be assessed by the Federal Joint Committee.

2.1.3 Summary of the assessment

Meropenem/ vaborbactam is indicated for the treatment of the following infections in adults:

- complicated urinary tract infection (cUTI), including pyelonephritis,

- complicated intra-abdominal infection (cIAI),
- hospital-acquired pneumonia (HAP), including ventilator-associated pneumonia (VAP),
- bacteraemia that occurs in association with, or is suspected to be associated with, any of the infections listed above,
- infections due to aerobic Gram-negative organisms.

Five patient groups were formed according to the individual therapeutic indications.

The additional benefit of meropenem/ vaborbactam is assessed for each of the patient groups as follows:

The additional benefit is considered proven.

For the medicinal product Vaborem with the combination of active ingredients meropenem/ vaborbactam, an exemption from the obligation to submit the evidence according to Section 35a, paragraph 1, sentence 3, numbers 2 and 3 SGB V was granted by resolution of 7 March 2024, as it is a reserve antibiotic within the meaning of Section 35a, paragraph 1c, sentence 1 SGB V.

The additional benefit is deemed to be proven if the Federal Joint Committee has decided on an exemption for a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V; the extent of the additional benefit and its therapeutic significance are not to be assessed by the Federal Joint Committee.

By resolution pursuant to Section 35a, paragraph 3, sentence 1 SGB V, the Federal Joint Committee specified the requirements for a quality-assured application of the reserve antibiotic pursuant to Section 35a, paragraph 1c, sentence 8 SGB V, taking into account the effects on the resistance situation.

2.2 Number of patients or demarcation of patient groups eligible for treatment

The information on the number of patients is based on the target population in statutory health insurance (SHI).

The derivation of the patient numbers in the pharmaceutical company's dossier is subject to greater uncertainties. Since the requirements for a quality-assured application of meropenem/ vaborbactam result in restrictive use for all therapeutic indications and, on the other hand, the use predominantly for infections with Gram-negative organisms is deduced from the spectrum of efficacy stated in the product information, the calculation of patient numbers is approximately analogous to that in the resolution on cefiderocol (resolution of the G-BA of 5 May 2022) in the therapeutic indication "infections due to aerobic Gram-negative organisms for which only limited treatment options are available". Therefore, the data from the resolution on cefiderocol are used as a basis for the presentation of patient numbers for the entire therapeutic indication (all patient groups) of meropenem/ vaborbactam.

The calculation was made using two different approaches based on data from the RKI and the HISS (Hospital Infection Surveillance System) pathogen surveillance, respectively, for 2019. These patient numbers are also to be assessed as uncertain overall.

However, a lower number of patients in the SHI target population may result particularly against the background of the restrictive use of meropenem/ vaborbactam within the framework of a quality-assured application as a reserve antibiotic.

2.3 Requirements for a quality-assured application

By resolution pursuant to Section 35a, paragraph 3, sentence 1 SGB V, the Federal Joint Committee shall specify requirements for a quality-assured application of the reserve antibiotic, taking into account the effects on the resistance situation. The requirements for a quality-assured application are based on the draft prepared by the Federal Joint Committee and the statement of the Robert Koch Institute, which was prepared in agreement with the BfArM. The statements made in the written statement and oral hearing procedure were taken into account.

About the notes on application

Reference is made to the specifications of the marketing authorisation. The requirement that meropenem/ vaborbactam may only be used for the treatment of the infections named in the therapeutic indication if only limited treatment options are available results directly from the approved therapeutic indication in the case of the partial therapeutic indication "Infections with Gram-negative organisms" (section 4.1 of the product information). For the other partial therapeutic indications, it is specified within the framework of the requirements for a quality-assured application in the present resolution in order to ensure the strict indication in accordance with Section 35a, paragraph 1c SGB V.

According to the field of expertise, qualified consultation takes place with a specialist in the field of infectiology (internal medicine and infectiology¹, microbiology, virology and epidemiology of infectious diseases or additional qualification in infectiology) or, if not available, with a specialist from other disciplines who must have appropriate experience in the treatment of infectious diseases with multi-drug resistant pathogens. In this context, the wording "in case of unavailability" illustrates the special importance of the field of infectiology.

About the instructions for pathogen detection

In principle, meropenem/ vaborbactam should not be used as part of a calculated (empirical) therapy. The strict indication as a reserve antibiotic requires knowledge of the pathogen. Even in the exceptional cases mentioned, infection with a multi-drug resistant aerobic Gram-negative pathogen is at least probable. As a rule, pathogen detection can be expected after 72 hours at the latest. If the pathogen detection reveals that the pathogen is sensitive to other antibiotics (without reserve status), the therapy must be de-escalated accordingly to avoid unnecessary use of the reserve antibiotic. An empirical therapy with meropenem/ vaborbactam should be as short as possible.

About the instructions for implementation

In order to implement the requirements for a quality-assured application, it is necessary that they are taken into account in the hospital's internal regulations/ processes. The respective

¹ Further training to become a specialist in internal medicine and infectiology was included in the sample further training regulations of the German Medical Association in 2021

Drug Commission is responsible for integration into the processes. Evidence-based antibiotic stewardship teams are particularly suitable for implementation.

Pursuant to Section 23 paragraph 4 Infection Protection Act, the treatment facility is obliged to carry out consumption and resistance surveillance, whereby there is no specification of the systems to be used. The use of a uniform system is necessary for the future assessment of the resistance and consumption situation. The RKI's ARS, AVS and ARVIA systems aggregate Germany-wide data on antibiotic resistance and consumption. ARS also forms the basis for Germany's participation in international surveillance systems.² For this reason, the participation of clinics using meropenem/ vaborbactam in these systems should be sought. The reporting of consumption and resistance data on meropenem/ vaborbactam to the above-mentioned systems should be ensured within six months of the entry into force of this resolution. Until participation in the mentioned systems, consumption and resistance situation must be ensured via the existing systems.

2.4 Treatment costs

The treatment costs are based on the requirements in the product information and the information listed in the LAUER-TAXE® (last revised: 1 April 2025).

Meropenem/ vaborbactam is listed in the LAUER-TAXE®, but is only dispensed as a clinic pack. Accordingly, the active ingredient is not subject to the Pharmaceutical Price Ordinance (Arzneimittelpreisverordnung), and no rebates according to Section 130 or Section 130a SGB V apply. The calculation is based on the purchase price of the clinic pack plus 19% value added tax, in deviation from the LAUER-TAXE® data usually taken into account.

For the cost representation, only the dosages of the general case are considered. Patient-individual dose adjustments (e.g. because of side effects or co-morbidities) are not taken into account when calculating the annual treatment costs. Meropenem/ vaborbactam is infused every 8 hours. It is assumed as part of the assessment that meropenem/ vaborbactam is primarily used in inpatient settings due to the potential severity of the infections in the present therapeutic indications.

Treatment period:

- a) Adults with complicated urinary tract infections (cUTI), including pyelonephritis

² Information at <https://ars.rki.de>

b) Adults with complicated intra-abdominal infections (cIAI)

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Medicinal product to be assessed				
Meropenem/ vaborbactam	3 x daily for 5 - 10 ³ days	1.0	5.0 – 10.0	5.0 – 10.0

c) Adults with hospital-acquired pneumonia (HAP), including ventilator-associated pneumonia (VAP)

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Medicinal product to be assessed				
Meropenem/ vaborbactam	3 x daily for 7 - 14 days	1.0	7.0 – 14.0	7.0 – 14.0

d) Adults with bacteraemia that occurs in association with, or is suspected to be associated with complicated urinary tract infection, including pyelonephritis, with complicated intra-abdominal infection, or with hospital-acquired pneumonia, including ventilator-associated pneumonia

e) Adults with infections caused by aerobic Gram-negative organisms with limited treatment options

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Medicinal product to be assessed				
Meropenem/vaborbactam	3 x daily for 5 – 14 ⁴ days	1.0	5.0 – 14.0	5.0 – 14.0

³ The treatment duration can be up to 14 days.

⁴ The treatment duration depends on the infection site and varies within the limits shown.

Consumption:

a) Adults with complicated urinary tract infections (cUTI), including pyelonephritis

b) Adults with complicated intra-abdominal infections (cIAI)

Designation of the therapy	Dosage/ application	Dose/ patient/ treatment days	Consumption by potency/ treatment day	Treatment days/ patient/ year	Average annual consumption by potency
Medicinal product to be assessed					
Meropenem/ vaborbactam	2 g/ 2 g	6 g/ 6 g	6 x 1 g/ 1 g	5.0 – 10.0	30 x 1 g/ 1 g – 60 x 1 g/ 1 g

c) Adults with hospital-acquired pneumonia (HAP), including ventilator-associated pneumonia (VAP)

Designation of the therapy	Dosage/ application	Dose/ patient/ treatment days	Consumption by potency/ treatment day	Treatment days/ patient/ year	Average annual consumption by potency
Medicinal product to be assessed					
Meropenem/ vaborbactam	2 g/ 2 g	6 g/ 6 g	6 x 1 g/ 1 g	7.0 – 14.0	42 x 1 g/ 1 g – 84 x 1 g/ 1 g

d) Adults with bacteraemia that occurs in association with, or is suspected to be associated with complicated urinary tract infection, including pyelonephritis, with complicated intra-abdominal infection, or with hospital-acquired pneumonia, including ventilator-associated pneumonia

e) Adults with infections caused by aerobic Gram-negative organisms with limited treatment options

Designation of the therapy	Dosage/ application	Dose/ patient/ treatment days	Consumption by potency/ treatment day	Treatment days/ patient/ year	Average annual consumption by potency
Medicinal product to be assessed					
Meropenem/ vaborbactam	2 g/ 2 g	6 g/ 6 g	6 x 1 g/ 1 g	5.0 – 14.0	30 x 1 g/ 1 g – 84 x 1 g/ 1 g

Costs:

To calculate the annual treatment costs, the required number of packs of a particular potency was first determined on the basis of consumption. Having determined the number of packs of a particular potency, the costs of the medicinal products were then calculated on the basis of the costs per pack plus value added tax.

Costs of the medicinal products:

Patient population a-e)

Designation of the therapy	Packaging size	Costs (clinic purchase registry)	Value added tax (19%)	Costs of the medicinal product
Meropenem/ vaborbactam 1g/ 1g	6 PCI	€ 475.00	€ 90.25	€ 565.25
Abbreviations: PCI = powder for a concentrate for the preparation of an infusion solution				

LAUER-TAXE® last revised: 1 April 2025

Costs for additionally required SHI services:

Only costs directly related to the use of the medicinal product are taken into account. If there are regular differences in the necessary use of medical treatment or in the prescription of other services in the use of the medicinal product to be evaluated and the appropriate comparator therapy in accordance with the product information, the costs incurred for this must be taken into account as costs for additionally required SHI services.

Medical treatment costs, medical fee services, and costs incurred for routine examinations (e.g. regular laboratory services such as blood count tests) that do not exceed the standard expenditure in the course of the treatment are not shown.

Because there are no regular differences in the necessary use of medical treatment or in the prescription of other services in the use of the medicinal product to be evaluated and the appropriate comparator therapy in accordance with the product information, no costs for additionally required SHI services had to be taken into account.

2.5 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

According to Section 35a, paragraph 3, sentence 4, the G-BA designates all medicinal products with new active ingredients that can be used in a combination therapy with the assessed medicinal product for the therapeutic indication to be assessed on the basis of the marketing authorisation under Medicinal Products Act.

Basic principles of the assessed medicinal product

A designation in accordance with Section 35a, paragraph 3, sentence 4 SGB V requires that it is examined based on the product information for the assessed medicinal product whether it can be used in a combination therapy with other medicinal products in the assessed

therapeutic indication. In the first step, the examination is carried out on the basis of all sections of the currently valid product information for the assessed medicinal product.

If the assessed medicinal product contains an active ingredient or a fixed combination of active ingredients in the therapeutic indication of the resolution (assessed therapeutic indication) and is approved exclusively for use in monotherapy, a combination therapy is not considered due to the marketing authorisation under Medicinal Products Act, which is why no designation is made.

A designation is also not considered if the G-BA has decided on an exemption as a reserve antibiotic for the assessed medicinal product in accordance with Section 35a, paragraph 1c, sentence 1 SGB V. The additional benefit is deemed to be proven if the G-BA has decided on an exemption for a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V; the extent of the additional benefit and its therapeutic significance are not to be assessed by the G-BA. Due to the lack of an assessment mandate by the G-BA following the resolution on an exemption according to Section 35a, paragraph 1c, sentence 1 SGB V with regard to the extent of the additional benefit and the therapeutic significance of the reserve antibiotic to be assessed, there is a limitation due to the procedural privileging of the pharmaceutical companies to the effect that neither the proof of an existing nor an expected at least considerable additional benefit is possible for exempted reserve antibiotics in the procedures according to Section 35a paragraph 1 or 6 SGB V and Section 35a paragraph 1d SGB V. The procedural privileging of the reserve antibiotics exempted according to Section 35a, paragraph 1c, sentence 1 SGB V must therefore also be taken into account at the level of designation according to Section 35a, paragraph 3, sentence 4 SGB V in order to avoid valuation contradictions.

With regard to the further examination steps, a differentiation is made between a "determined" or "undetermined" combination, which may also be the basis for a designation.

A "determined combination" exists if one or more individual active ingredients which can be used in combination with the assessed medicinal product in the assessed therapeutic indication are specifically named.

An "undetermined combination" exists if there is information on a combination therapy, but no specific active ingredients are named. An undetermined combination may be present if the information on a combination therapy:

- names a product class or group from which some active ingredients not specified in detail can be used in combination therapy with the assessed medicinal product, or
- does not name any active ingredients, product classes or groups, but the assessed medicinal product is used in addition to a therapeutic indication described in more detail in the relevant product information, which, however, does not include information on active ingredients within the scope of this therapeutic indication.

Concomitant active ingredient

The concomitant active ingredient is a medicinal product with new active ingredients that can be used in combination therapy with the assessed medicinal product for the therapeutic indication to be assessed.

For a medicinal product to be considered as a concomitant active ingredient, it must be classified as a medicinal product with new active ingredients according to Section 2 paragraph 1 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV) in conjunction with the corresponding regulations in Chapter 5 of the Rules of Procedure of the G-BA as of the

date of the present resolution. In addition, the medicinal product must be approved in the assessed therapeutic indication, whereby a marketing authorisation is sufficient only for a sub-area of the assessed therapeutic indication.

Based on an "undetermined combination", the concomitant active ingredient must be attributable to the information on the product class or group or the therapeutic indication according to the product information of the assessed medicinal product in the assessed therapeutic indication, whereby the definition of a product class or group is based on the corresponding requirements in the product information of the assessed medicinal product.

In addition, there must be no reasons for exclusion of the concomitant active ingredient from a combination therapy with the assessed medicinal product, in particular no exclusive marketing authorisation as monotherapy.

In addition, all sections of the currently valid product information of the eligible concomitant active ingredient are checked to see whether there is any information that excludes its use in combination therapy with the assessed medicinal product in the assessed therapeutic indication under marketing authorisation regulations. Corresponding information can be, for example, dosage information or warnings. In the event that the medicinal product is used as part of a determined or undetermined combination which does not include the assessed medicinal product, a combination with the assessed medicinal product shall be excluded.

Furthermore, the product information of the assessed medicinal product must not contain any specific information that excludes its use in combination therapy with the eligible concomitant active ingredient in the assessed therapeutic indication under marketing authorisation regulations.

Medicinal products with new active ingredients for which the G-BA has decided on an exemption as a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V are ineligible as concomitant active ingredients. The procedural privileging of the reserve antibiotics exempted according to Section 35a, paragraph 1c, sentence 1 SGB V also applies accordingly to the medicinal product eligible as a concomitant active ingredient.

Designation

The medicinal products which have been determined as concomitant active ingredients in accordance with the above points of examination are named by indicating the relevant active ingredient and the invented name. The designation may include several active ingredients, provided that several medicinal products with new active ingredients may be used in the same combination therapy with the assessed medicinal product or different combinations with different medicinal products with new active ingredients form the basis of the designation.

If the present resolution on the assessed medicinal product in the assessed therapeutic indication contains several patient groups, the designation of concomitant active ingredients shall be made separately for each of the patient groups.

Exception to the designation

The designation excludes combination therapies for which - patient group-related - a considerable or major additional benefit has been determined by resolution according to Section 35a, paragraph 3, sentence 1 SGB V or it has been determined according to Section 35a, paragraph 1d, sentence 1 SGB V that at least considerable additional benefit of the combination can be expected. In this context, the combination therapy that is excluded from the designation must, as a rule, be identical to the combination therapy on which the

preceding findings were based.

In the case of designations based on undetermined combinations, only those concomitant active ingredients - based on a resolution according to Section 35a, paragraph 3, sentence 1 SGB V on the assessed medicinal product in which a considerable or major additional benefit had been determined - which were approved at the time of this resolution are excluded from the designation.

Legal effects of the designation

The designation of combinations is carried out in accordance with the legal requirements according to Section 35a, paragraph 3, sentence 4 and is used exclusively to implement the combination discount according to Section 130e SGB V between health insurance funds and pharmaceutical companies. The designation is not associated with a statement as to the extent to which a therapy with the assessed medicinal products in combination with the designated medicinal products corresponds to the generally recognised state of medical knowledge. The examination was carried out exclusively on the basis of the possibility under Medicinal Products Act to use the medicinal products in combination therapy in the assessed therapeutic indication based on the product information; the generally recognised state of medical knowledge or the use of the medicinal products in the reality of care were not the subject of the examination due to the lack of an assessment mandate of the G-BA within the framework of Section 35a, paragraph 3, sentence 4 SGB V.

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.

Justification for the findings on designation in the present resolution:

a) Adults with complicated urinary tract infection (cUTI), including pyelonephritis

No designation of medicinal products with new active ingredients that can be used in combination therapy in accordance with Section 35a, paragraph 3, sentence 4 SGB V, as the G-BA has decided to exempt the assessed medicinal product as a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V.

b) Adults with complicated intra-abdominal infection (cIAI)

No designation of medicinal products with new active ingredients that can be used in combination therapy in accordance with Section 35a, paragraph 3, sentence 4 SGB V, as the G-BA has decided to exempt the assessed medicinal product as a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V.

c) Adults with hospital-acquired pneumonia (HAP), including ventilator-associated pneumonia (VAP)

No designation of medicinal products with new active ingredients that can be used in combination therapy in accordance with Section 35a, paragraph 3, sentence 4 SGB V, as the G-BA has decided to exempt the assessed medicinal product as a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V.

- d) Adults with bacteraemia that occurs in association with, or is suspected to be associated with complicated urinary tract infection, including pyelonephritis, with complicated intra-abdominal infection, or with hospital-acquired pneumonia, including ventilator-associated pneumonia

No designation of medicinal products with new active ingredients that can be used in combination therapy in accordance with Section 35a, paragraph 3, sentence 4 SGB V, as the G-BA has decided to exempt the assessed medicinal product as a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V.

- e) Adults with infections caused by aerobic Gram-negative organisms with limited treatment options

No designation of medicinal products with new active ingredients that can be used in combination therapy in accordance with Section 35a, paragraph 3, sentence 4 SGB V, as the G-BA has decided to exempt the assessed medicinal product as a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V.

3. Bureaucratic costs calculation

The proposed resolution does not create any new or amended information obligations for care providers within the meaning of Annex II to Chapter 1 VerfO and, accordingly, no bureaucratic costs.

4. Process sequence

On 31 October 2024, the pharmaceutical company submitted a dossier for the benefit assessment of meropenem/ vaborbactam to the G-BA in due time.

The draft of the G-BA's requirements for a quality-assured application was published on the G-BA's website (www.g-ba.de) on 3 February 2025 together with the IQWiG's assessment of treatment costs and patient numbers, thus initiating the written statement procedure. The deadline for submitting statements was 24 February 2025.

The oral hearing was held on 10 March 2025.

In order to prepare a recommendation for a resolution, the Subcommittee on Medicinal Products commissioned a working group (Section 35a) consisting of the members nominated by the leading organisations of the care providers, the members nominated by the SHI umbrella organisation, and representatives of the patient organisations. Representatives of the IQWiG also participate in the sessions.

The evaluation of the written statements received and the oral hearing was discussed at the session of the subcommittee on 8 April 2025, and the proposed draft resolution was approved.

At their session on 17 April 2025, the plenum adopted a resolution to amend the Pharmaceuticals Directive.

Chronological course of consultation

Session	Date	Subject of consultation
Working group Section 35a	20 November 2024 15 January 2025	Consultation on the draft requirements for a quality-assured application
Subcommittee on Medicinal Products	26 November 2024	Draft requirements for a quality-assured application; notification of the RKI and the BfArM
Subcommittee on Medicinal Products	28 January 2025	Draft requirements for a quality-assured application under consideration of the statement of the Robert Koch Institute
Working group Section 35a	5 March 2025	Information on written statements received; preparation of the oral hearing
Subcommittee on Medicinal Products	10 March 2025	Conduct of the oral hearing
Working group Section 35a	19 March 2025 2 April 2025	Consultation on the draft requirements for a quality-assured application of the G-BA, the assessment of treatment costs and patient numbers by the IQWiG, and the evaluation of the written statement procedure
Subcommittee on Medicinal Products	8 April 2025	Concluding discussion of the draft resolution
Plenum	17 April 2025	Adoption of the resolution on the amendment of the Pharmaceuticals Directive

Berlin, 17 April 2025

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

Prof. Hecken