Gemeinsamer Bundesausschuss

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

Erdafitinib (urothelial carcinoma, FGFR3 alterations, pretreated with PD-(L)1 inhibitor)

of 18 June 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 all reimbursable medicinal products with new active ingredients. This includes in particular the assessment of the additional benefit and its therapeutic significance. The benefit assessment is carried out on the basis of evidence provided by the pharmaceutical company, which must be submitted to the G-BA electronically, including all clinical studies the pharmaceutical company has conducted or commissioned, at the latest at the time of the first placing on the market as well as the marketing authorisation of new therapeutic indications of the medicinal product, and which must contain the following information in particular:

1. approved therapeutic indications,
2. medical benefit,
3. additional medical benefit in relation to the appropriate comparator therapy,
4. Number of patients and patient groups for whom there is a therapeutically significant additional benefit,
5. treatment costs for the statutory health insurance funds,
6. requirements for a quality-assured application.
7. Number of study participants who participated in the clinical studies at study sites within the scope of SGB V, and total number of study participants.

The G-BA may commission the Institute for Quality and Efficiency in Health Care (IQWiG) to carry out the benefit assessment. According to Section 35a, paragraph 2 SGB V, the assessment must be completed within three months of the relevant date for submission of the evidence and published on the internet.

According to Section 35a paragraph 3 SGB V, the G-BA decides on the benefit assessment 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

The relevant date for the start of the benefit assessment procedure was the first placing on the (German) market of the active ingredient erdafitinib on 1 January 2025 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 20 December 2024.

The G-BA commissioned the IQWiG to carry out the assessment of the dossier. The benefit assessment was published on 1 April 2025 on the G-BA website (www.g-ba.de), thus initiating the written statement procedure. In addition, an oral hearing was held.

The G-BA came to a resolution on whether an additional benefit of erdafitinib compared with the appropriate comparator therapy could be determined on the basis of the dossier of the pharmaceutical company, the dossier assessment prepared by the IQWiG, and the statements submitted in the written statement and oral hearing procedure. In order to determine the extent of the additional benefit, the G-BA has evaluated the data justifying the finding of an additional benefit on the basis of their therapeutic relevance (qualitative), in accordance with the criteria laid down in Chapter 5, Section 5, paragraph 7 VerfO. The methodology proposed by the IQWiG in accordance with the General Methods [1] was not used in the benefit assessment of erdafitinib.

In the light of the above, and taking into account the statements received and the oral hearing, the G-BA has come to the following assessment:

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

2.1.1 Approved therapeutic indication of Erdafitinib (Balversa) in accordance with the product information

Balversa as monotherapy is indicated for the treatment of adult patients with unresectable or metastatic urothelial carcinoma (UC), harbouring susceptible FGFR3 genetic alterations who have previously received at least one line of therapy containing a PD-1 or PD-L1 inhibitor in the unresectable or metastatic treatment setting.

Therapeutic indication of the resolution (resolution of 18 June 2025):

"see approved therapeutic indication"

2.1.2 Appropriate comparator therapy

The appropriate comparator therapy was determined as follows:

a1) Adults with unresectable or metastatic urothelial carcinoma, harbouring susceptible FGFR3 genetic alterations after prior therapy with a PD-1 or PD-L1 inhibitor in the unresectable or metastatic treatment setting, and who are eligible for and have not yet received cisplatin-containing chemotherapy; second-line treatment

Appropriate comparator therapy for erdafitinib as monotherapy:

- Cisplatin in combination with gemcitabine

[1] General Methods, version 7.0 from 19.09.2023. Institute for Quality and Efficiency in Health Care (IQWiG), Cologne.

a2) Adults with unresectable or metastatic urothelial carcinoma, harbouring susceptible FGFR3 genetic alterations after prior therapy with a PD-1 or PD-L1 inhibitor in the unresectable or metastatic treatment setting, and who are *not* eligible for cisplatin-containing chemotherapy; second-line treatment

Appropriate comparator therapy for erdafitinib as monotherapy:

- Vinflunine

or

- Docetaxel

or

- Paclitaxel

b) Adults with unresectable or metastatic urothelial carcinoma, harbouring susceptible FGFR3 genetic alterations after prior therapy with platinum-containing chemotherapy and a PD-1 or PD-L1 inhibitor in the unresectable or metastatic treatment setting, and who are eligible for chemotherapy; third-line treatment

Appropriate comparator therapy for erdafitinib as monotherapy:

- Enfortumab vedotin

Criteria according to Chapter 5 Section 6 of the Rules of Procedure of the G-BA and Section 6 paragraph 2 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV):

The appropriate comparator therapy must be an appropriate therapy in the therapeutic indication in accordance with the generally recognised state of medical knowledge (Section 12 SGB V), preferably a therapy for which endpoint studies are available and which has proven its worth in practical application unless contradicted by the guidelines under Section 92, paragraph 1 SGB V or the principle of economic efficiency.

In determining the appropriate comparator therapy, the following criteria, in particular, must be taken into account as specified in Chapter 5 Section 6, paragraph 3 VerfO:

1. To be considered as a comparator therapy, the medicinal product must, principally, have a marketing authorisation for the therapeutic indication.
2. If a non-medicinal treatment is considered as a comparator therapy, this must be available within the framework of the SHI system.
3. As comparator therapy, medicinal products or non-medicinal treatments for which the patient-relevant benefit has already been determined by the G-BA shall be preferred.
4. According to the generally recognised state of medical knowledge, the comparator therapy should be part of the appropriate therapy in the therapeutic indication.

According to Section 6, paragraph 2, sentence 2 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV), the determination of the appropriate comparator therapy must be based on the actual medical treatment situation as it would be without the medicinal product to be assessed. According to Section 6, paragraph 2, sentence 3 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV), the G-BA may exceptionally determine the off-label use of medicinal products as an appropriate comparator therapy or as part of the appropriate comparator therapy if it determines by resolution on the benefit assessment according to Section 7, paragraph 4 that, according to the generally recognised state of medical knowledge, this is considered a therapy standard in the therapeutic indication to be assessed or as part of the therapy standard in the medical treatment situation to be taken into account according to sentence 2, and

1. for the first time, a medicinal product approved in the therapeutic indication is available with the medicinal product to be assessed,
2. according to the generally recognised state of medical knowledge, the off-label use is generally preferable to the medicinal products previously approved in the therapeutic indication, or
3. according to the generally recognised state of medical knowledge, the off-label use for relevant patient groups or indication areas is generally preferable to the medicinal products previously approved in the therapeutic indication.

An appropriate comparator therapy may also be non-medicinal therapy, the best possible add-on therapy including symptomatic or palliative treatment, or monitoring wait-and-see approach.

<u>Justification based on the criteria set out in Chapter 5 Section 6, paragraph 3 VerfO and Section 6, paragraph 2 AM-NutzenV:</u>

On 1. In addition to erdafitinib, the active ingredients cisplatin, doxorubicin, gemcitabine, methotrexate, vinflunine, atezolizumab, nivolumab, pembrolizumab and enfortumab vedotin are approved in the present therapeutic indication.

Besides erdafitinib, no medicinal therapies have yet been approved specifically for the treatment of urothelial carcinoma with fibroblast growth factor receptor 3 (FGFR3) genetic alterations.

On 2. A non-medicinal treatment cannot be considered in the present therapeutic indication.

On 3. Resolutions on the benefit assessment of medicinal products with new active ingredients according to Section 35a SGB V:

- Enfortumab vedotin: Resolution of 1 December 2022
- Pembrolizumab: Resolution of 16 March 2018, as amended by the amendment resolutions of 2 August 2018, 20 June 2019 and 5 March 2020
- Atezolizumab: Resolution of 16 March 2018, as amended by the amendment resolutions of 2 August 2018 and 20 June 2019
- Nivolumab: Resolution of 21 December 2017

On 4. The generally recognised state of medical knowledge was illustrated by a systematic search for guidelines as well as reviews of clinical studies in the present indication and is presented in the "Research and synopsis of the evidence to determine the appropriate comparator therapy according to Section 35a SGB V".

Among the approved active ingredients listed under 1.), only certain active ingredients named below will be included in the appropriate comparator therapy, taking into account the evidence on therapeutic benefit, the guideline recommendations and the reality of care.

The scientific-medical societies and the Drugs Commission of the German Medical Association (AkdÄ) were also involved in writing on questions relating to the comparator therapy in the present therapeutic indication according to Section 35a, paragraph 7 SGB V. No written opinions were received.

The available evidence[2,3,4] does not indicate that urothelial carcinomas with FGFR3 genetic alterations after prior therapy with a PD-1 or PD-L1 inhibitor have certain factors that clearly speak against treatment with the previous or current standard therapies. The "Palliative systemic therapy" section of the current S3 guideline is currently being revised. [2] Thus, those therapy options that are independent of the FGFR3 mutational status and thus, eligible for the unselected patient population in this respect are considered for the appropriate comparator therapy.

Platinum-based chemotherapy is recommended for patients who have received prior therapy with a PD-1 or PD-L1 inhibitor in first-line treatment and who are eligible for platinum-based chemotherapy and have not yet received it.[2]

With regard to platinum-based chemotherapy, the guidelines specify a therapy with cisplatin in combination with gemcitabine for patients who are eligible for cisplatin-containing chemotherapy.[2,3]

For patients who are ineligible for cisplatin-containing chemotherapy after prior therapy with a PD-1 or PD-L1 inhibitor, the active ingredients vinflunine, docetaxel and paclitaxel are recommended.[2,3,4] The active ingredient vinflunine is approved after failure of platinum-containing treatment. The active ingredients paclitaxel and docetaxel are not approved for the present therapeutic indication.

Following prior platinum-containing chemotherapy and a PD-1 or PD-L1 inhibitor, the guidelines[2,3,4] recommend the use of enfortumab vedotin. In addition, according to the guideline of the European Association of Urology (EAU) , vinflunine, paclitaxel and docetaxel are considered for patients in this treatment setting.

In the benefit assessment of enfortumab vedotin, a hint for a considerable additional benefit thereof over chemotherapy according to doctor's instructions was identified for patients who have previously received platinum-containing chemotherapy and PD-1 or PD-L1 inhibitor and who are eligible for chemotherapy. Additional benefit is not proven for patients who are ineligible for chemotherapy.

In addition to the above-mentioned chemotherapies, erdafitinib is also recommended for patients with certain FGFR3 genetic alterations, in the treatment setting after prior platinum-containing chemotherapy and a PD-1 or PD-L1 inhibitor[34]. However, erdafitinib fails as an appropriate comparator therapy with regard to the research question of the present benefit assessment.

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[2] Alberta Health Services (AHS). Locally advanced/metastatic bladder cancer (T4bNxM0, TxN2-3M0, TxNxM1). Edmonton (CAN): AHS; 2023. (Clinical Practice Guideline; volume GU-014 version 3).

[3] Rouprêt M, Gontero P, Birtle A, Compérat E, Dominguez Escrig JL, Liedberg F, et al. EAU guidelines on upper urinary tract urothelial carcinoma. Arnhem (NED): European Association of Urology (EAU); 2023.

[4] Witjes JA, Bruins HM, Carrion A, Cathomas R, Comperat E, Efstathiou JA, et al. EAU guidelines on muscle-invasive and metastatic bladder cancer. Arnhem (NED): European Association of Urology (EAU); 2023.

In the joint statement of the German Society for Haematology and Medical Oncology (DGHO) and the German Society of Urology (DGU) on the present benefit assessment, it was pointed out that the decision-making process for first-line therapy of urothelial carcinoma and thus also for subsequent therapies has changed considerably. Combination therapy with enfortumab vedotin and pembrolizumab is given the highest priority for first-line therapy. The choice of second and third-line medicinal therapy for metastatic urothelial carcinoma is primarily determined by the patient's general condition, previous therapy and comorbidity. [5,6] With regard to second-line therapy following prior therapy with enfortumab vedotin in combination with pembrolizumab, there is currently no therapy standard recognised by the scientific-medical societies. From the point of view of the scientific-medical societies, the type and scope of additional prior therapies are particularly relevant in the patient population after prior therapy with an immune checkpoint inhibitor.

The therapeutic indication of erdafitinib to be assessed includes patients who have previously received at least one line of therapy containing a PD-1 or PD-L1 inhibitor in the unresectable or metastatic treatment setting. In view of the available evidence and the different therapy recommendations in the various treatment settings following prior therapy with a PD-1 or PD-L1 inhibitor, the G-BA considers it appropriate to differentiate patient populations according to the type of prior therapy and cisplatin eligibility.

In the overall analysis, the G-BA determined cisplatin in combination with gemcitabine as the appropriate comparator therapy for patients who have received prior therapy with a PD-1 or PD-L1 inhibitor and who are eligible for cisplatin-containing chemotherapy and have not yet received it (second-line treatment; patient population a1).

The active ingredients vinflunine, docetaxel and paclitaxel are recommended for patients who have received prior therapy with a PD-1 or PD-L1 inhibitor and who are ineligible for cisplatin-containing chemotherapy (second-line treatment; patient population a2).[2,3,4] The active ingredient vinflunine is approved after failure of platinum-containing treatment. The active ingredients paclitaxel and docetaxel are not approved for the present therapeutic indication. Accordingly, the use of vinflunine, paclitaxel and docetaxel for patient group a2) represents an off-label use. For the patient group a2) in the named therapeutic indication, the off-label use according to the generally recognised state of medical knowledge is generally preferable to the medicinal products previously approved in the therapeutic indication, Section 6, paragraph 2, sentence 3, number 3 AM-NutzenV. Therefore, it is appropriate to determine the above-mentioned medicinal products in the off-label use for this patient group as the appropriate comparator therapy.

Enfortumab vedotin is determined as the appropriate comparator therapy for patients who have received prior platinum-containing chemotherapy and a PD-1 or PD-L1 inhibitor, and who are eligible for chemotherapy (third-line treatment; patient population b).

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[5] Guideline program in oncology (German Cancer Society, German Cancer Aid, Association of the Scientific-Medical Societies): S3 Guideline Early Detection, Diagnosis, Therapy and After-care of Urinary Bladder Cancer, long version 31 March 2025

[6] De Wit M et al, Bladder carcinoma (urothelial carcinoma), November 2024. https://www.onkopedia.com/de/onkopedia/guidelines/blasenkarzinom-urothelkarzinom/@@guideline/html/index.html

The findings in Annex XII do not restrict the scope of treatment required to fulfil the medical treatment mandate.

A change in the appropriate comparator therapy requires a resolution by the G-BA linked to the prior review of the criteria according to Chapter 5 Section 6, paragraph 3 Rules of Procedure.

2.1.3 Extent and probability of the additional benefit

In summary, the additional benefit of erdafitinib is assessed as follows:

a) Adults with unresectable or metastatic urothelial carcinoma, harbouring susceptible FGFR3 genetic alterations after prior therapy with a PD-1 or PD-L1 inhibitor in the unresectable or metastatic treatment setting, and who are eligible for and have not yet received cisplatin-containing chemotherapy; second-line treatment

   An additional benefit is not proven.

a2) Adults with unresectable or metastatic urothelial carcinoma, harbouring susceptible FGFR3 genetic alterations after prior therapy with a PD-1 or PD-L1 inhibitor in the unresectable or metastatic treatment setting, and who are *not* eligible for cisplatin-containing chemotherapy; second-line treatment

   An additional benefit is not proven.

b) Adults with unresectable or metastatic urothelial carcinoma, harbouring susceptible FGFR3 genetic alterations after prior therapy with platinum-containing chemotherapy and a PD-1 or PD-L1 inhibitor in the unresectable or metastatic treatment setting, and who are eligible for chemotherapy; third-line treatment

   An additional benefit is not proven.

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Justification:

The pharmaceutical company presented the results of the THOR study in the dossier for the benefit assessment. This is an open-label, randomised, multicentre phase III study comparing erdafitinib with chemotherapy (vinflunine or docetaxel) (cohort 1) and pembrolizumab (cohort 2).

Cohort 1 is decisive for the benefit assessment. In cohort 1, adult patients with advanced, metastatic or inoperable urothelial carcinoma and certain FGFR alterations were examined. Patients had to have disease progression after 1 or 2 prior therapies, including at least 1 prior therapy with a PD-1 or PD-L1 inhibitor. Therapy with the PD-1 or PD-L1 inhibitor could have been (neo)adjuvant or in the metastatic stage.

A total of 136 patients were randomised to treatment with erdafitinib and 130 patients to treatment with chemotherapy (vinflunine or docetaxel).

The treatment of patients in the intervention arm was in accordance with the requirements in the product information.

The primary endpoint of the THOR study was overall survival. Secondary endpoints were assessed in the endpoint categories of morbidity, health-related quality of life and side effects.

The results of the first data cut-off from 15.01.2023 are available for the benefit assessment. This is the pre-specified interim analysis after 136 deaths, which also represents the final analysis.

Assessment:

a1) Adults with unresectable or metastatic urothelial carcinoma, harbouring susceptible FGFR3 genetic alterations after prior therapy with a PD-1 or PD-L1 inhibitor in the unresectable or metastatic treatment setting, and who are eligible for and have not yet received cisplatin-containing chemotherapy; second-line treatment

and

b) Adults with unresectable or metastatic urothelial carcinoma, harbouring susceptible FGFR3 genetic alterations after prior therapy with platinum-containing chemotherapy and a PD-1 or PD-L1 inhibitor in the unresectable or metastatic treatment setting, and who are eligible for chemotherapy; third-line treatment

The data from the THOR study are unsuitable for the assessment of the additional benefit. In the comparator arm of cohort 1, patients were treated with chemotherapy (vinflunine or docetaxel). This does not correspond to the appropriate comparator therapies for patient groups a1 and b. No suitable data are therefore available for an assessment of the additional benefit of erdafitinib.

a2) Adults with unresectable or metastatic urothelial carcinoma, harbouring susceptible FGFR3 genetic alterations after prior therapy with a PD-1 or PD-L1 inhibitor in the unresectable or metastatic treatment setting, and who are *not* eligible for cisplatin-containing chemotherapy; second-line treatment

In addition to paclitaxel, the active ingredients vinflunine and docetaxel used in the comparator arm of cohort 1 represent the appropriate comparator therapy for the patient population. However, not all patients in cohort 1 belong to the patient population a2.

In order to form a relevant population for the benefit assessment, the pharmaceutical company submitted data for a sub-population, which they referred to as the analysis population, in the dossier. For this purpose, the pharmaceutical company excluded 15 patients in the intervention arm and 79 in the comparator arm from cohort 1 using the following criteria 1 to 3:

1) Patients who have received prior therapy with a PD-1 or PD-L1 inhibitor not in the unresectable or metastatic (but in the neoadjuvant or adjuvant) stage, as these are not covered by the approved therapeutic indication of erdafitinib
2) Patients who have not received prior platinum-based therapy and who would be eligible for therapy with cisplatin
3) From the comparator group: Patients who have received prior platinum-containing therapy, and docetaxel in the THOR study. The pharmaceutical company justifies this with the missing marketing authorisation for docetaxel after prior platinum-containing therapy, in contrast to vinflunine.

As a result, of the 136 vs 130 patients (erdafitinib vs chemotherapy) in cohort 1, 121 vs 51 patients were considered in the analysis, which means that significantly more patients were excluded from the analysis in the comparator arm than in the intervention arm.

The procedure for forming the analysis population is assessed as inappropriate, as the application of criterion 3) only excludes patients in the comparator group for the formation of the analysis population. This breaks the structural equality of the study arms to be compared.

Irrespective of this, the analysis population presented, similar to the total population of cohort 1, largely comprises patients for whom enfortumab vedotin would have been the indicated therapy option in the comparator arm according to the appropriate comparator therapy, as they have also received prior platinum-containing chemotherapy in addition to a PD-1 or PD-L1 inhibitor. Based on the information in the dossier, this relates to around 88% of patients in cohort 1. The remaining 12% of patients, 14 and 19 patients in the intervention and comparator arms respectively, did not receive any prior platinum-based therapy. However, it was not clear from the documents submitted in the dossier as to how many of these 14 or 19 patients were ineligible for cisplatin-containing chemotherapy. In addition, it was unclear as to how many of these 12% patients received prior treatment with a PD-1 or PD-L1 inhibitor not in the unresectable or metastatic stage, but neo-adjuvant or adjuvant, and would therefore not be covered by the marketing authorisation. With their statement, the pharmaceutical company provided more detailed information on the total population of cohort 1. This means that a total of 249 patients correspond to the authorisation population. Of these, only 19 patients are eligible for patient population a2, as they have not received prior platinum-based therapy and are also ineligible for it.

The analyses of the total population of cohort 1 (ITT analysis) also submitted by the pharmaceutical company as part of the written statement procedure nevertheless do not allow any conclusions to be drawn about patient population a2, as a significant proportion of the patients in cohort 1 do not represent patient population a2.

No suitable data are therefore available for an assessment of the additional benefit of erdafitinib.

2.1.4 Summary of the assessment

The present assessment concerns the benefit assessment of the new medicinal product Balversa with the active ingredient erdafitinib.

Erdafitinib (Balversa) as monotherapy is indicated for the treatment of adult patients with unresectable or metastatic urothelial carcinoma (UC), harbouring susceptible FGFR3 genetic alterations who have previously received at least one line of therapy containing a PD-1 or PD-L1 inhibitor in the unresectable or metastatic treatment setting.

In the therapeutic indication to be considered, three patient groups were distinguished:

a1) Adults with unresectable or metastatic urothelial carcinoma, harbouring susceptible FGFR3 genetic alterations after prior therapy with a PD-1 or PD-L1 inhibitor in the unresectable or metastatic treatment setting, and who are eligible for and have not yet received cisplatin-containing chemotherapy; second-line treatment

a2) Adults with unresectable or metastatic urothelial carcinoma, harbouring susceptible FGFR3 genetic alterations after prior therapy with a PD-1 or PD-L1 inhibitor in the unresectable or metastatic treatment setting, and who are *not* eligible for cisplatin-containing chemotherapy; second-line treatment

b) Adults with unresectable or metastatic urothelial carcinoma, harbouring susceptible FGFR3 genetic alterations after prior therapy with platinum-containing chemotherapy and a PD-1 or PD-L1 inhibitor in the unresectable or metastatic treatment setting, and who are eligible for chemotherapy; third-line treatment

The pharmaceutical company presented the results of the phase III THOR study. Cohort 1, which compared erdafitinib with chemotherapy (vinflunine, docetaxel), is relevant for the benefit assessment.

Patient group a1)

The G-BA determined cisplatin in combination with gemcitabine as the appropriate comparator therapy. In the comparator arm of cohort 1, patients were treated with vinflunine or docetaxel. This does not correspond to the appropriate comparator therapies. No suitable data are therefore available for an assessment of the additional benefit of erdafitinib. An additional benefit is not proven.

Patient group a2)

The G-BA determined vinflunine or docetaxel or paclitaxel as the appropriate comparator therapy. The active ingredients vinflunine and docetaxel used in the comparator arm of cohort 1 represent the appropriate comparator therapy. However, not all patients in cohort 1 belong to the patient population a2. In order to form a relevant population for the benefit assessment, the pharmaceutical company submitted data for a sub-population. The procedure for forming the sub-population is assessed by the G-BA as inappropriate, as the structural equality of the study arms to be compared was broken. Irrespective of this, the exact percentage of patients treated according to the appropriate comparator therapy cannot be determined on the basis of the data presented.

Among other things, the pharmaceutical company submitted analyses of the total population of cohort 1 as part of the written statement procedure. However, these do not allow any statements to be made about patient population a2, as not all patients in cohort 1 represent

patient population a2. No suitable data are therefore available for an assessment of the additional benefit of erdafitinib. An additional benefit is not proven.

Patient group b)

The G-BA determined enfortumab vedotin as the appropriate comparator therapy. In the comparator arm of cohort 1, patients were treated with vinflunine or docetaxel. This does not correspond to the appropriate comparator therapy. No suitable data are therefore available for an assessment of the additional benefit of erdafitinib. An additional benefit is not proven.

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 resolution is based on the information provided by the pharmaceutical company.

This information is subject to uncertainties, which result, among others, from the following aspects:

The pharmaceutical company's calculation of the percentage of patients with unresectable or metastatic urothelial carcinoma across the patient group in stage IV at initial diagnosis plus those with progression after initial diagnosis in stages I to III is associated with uncertainty overall, as the unresectable urothelial carcinoma relevant for the therapeutic indication could also have an earlier stage than IV according to UICC at initial diagnosis. In addition, only evaluations of urinary bladder cancer were used to determine the staging and progression events.

For calculating the percentage of patients with unresectable or metastatic urothelial carcinoma at initial diagnosis, only patients for whom information on UICC stage was available were enrolled in the overall percentage calculation. The high percentage of patients without a known UICC stage leads to uncertainty in the percentage values for patients with stage IV and the other stages I to III, which are used in the subsequent calculation of patients with progression.

In addition, the percentage ranges (eligibility for cisplatin-based or platinum-based chemotherapy) used for the calculation of patients with at least 1 prior therapy with PD-1 or PD-L1 inhibitor, differentiated according to cisplatin eligibility, are subject to uncertainty.

2.3 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 Balversa (active ingredient: erdafitinib) agreed upon in the context of the marketing authorisation at the following publicly accessible link (last access: 7 May 2025):

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

Treatment with erdafitinib should only be initiated and monitored by specialists in internal medicine, haematology, and oncology and urology, and specialists participating in the Oncology Agreement experienced in the treatment of adults with urothelial carcinoma.

2.4 Treatment costs

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

The annual treatment costs shown refer to the first year of treatment.

If no maximum treatment duration is specified in the product information, the treatment duration is assumed to be one year (365 days), even if the actual treatment duration varies from patient to patient and/or is shorter on average. The time unit "days" is used to calculate the "number of treatments/ patient/ year", time intervals between individual treatments and for the maximum treatment duration, if specified in the product information.

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.

For dosages depending on body weight (BW) or body surface area (BSA), the average body measurements of the official representative statistics "Microcensus 2021 – body measurements of the population" were applied (average body height: 1.72 m; average body weight: 77.7 kg). [7] This results in a body surface area of 1.91 m² (calculated according to Du Bois 1916).

The use of vinflunine, paclitaxel and docetaxel for the patient group a2) represents an off-label use. The dosage regimens in the KEYNOTE-045 (pembrolizumab)[8] and EV-301 (enfortumab vedotin)[9] approval studies are used as the basis for the cost representation.

Treatment period:

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Medicinal product to be assessed				
Erdafitinib	Continuously, 1 x daily	365.0	1	365.0
Appropriate comparator therapy				
Patient population a1): Cisplatin in combination with gemcitabine				
Cisplatin	1 x per 28-day cycle	13.0	1	13.0
Gemcitabine	3 x per 28-day cycle	13.0	3	39.0
Patient population a2): Vinflunine or docetaxel or paclitaxel				

[7] Federal Health Reporting. Average body measurements of the population (2021, both sexes, 15 years and older), www.gbe-bund.de

[8] Bellmunt J, de Wit R, Vaughn David J et al. Pembrolizumab as Second-Line Therapy for Advanced Urothelial Carcinoma. N Engl J Med 376(11): 1015-1026.

[9] Powles T, Rosenberg JE, Sonpavde GP et al. Enfortumab Vedotin in Previously Treated Advanced Urothelial Carcinoma. N Engl J Med 2021; 384(12): 1125-1135.

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Vinflunine	1 x per 21-day cycle	17.4	1	17.4
Docetaxel	1 x per 21-day cycle	17.4	1	17.4
Paclitaxel	1 x per 21-day cycle	17.4	1	17.4
Patient population b): Enfortumab vedotin				
Enfortumab vedotin	2 x per 21-day cycle	17.4	2	34.8

Consumption:

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					
Erdafitinib	4 mg - 9 mg	8 mg - 9 mg	2 x 4 mg - 3 x 3 mg	365.0	730 x 4 mg - 1095 x 3 mg
Appropriate comparator therapy					
Patient population a1): Cisplatin in combination with gemcitabine					
Cisplatin	70 mg/m² BSA = 133.7 mg	133.7 mg	1 x 50 mg + 1 x 100 mg	13.0 13.0	13 x 50 mg + 13 x 100 mg
Gemcitabine	1,000 mg/m² BSA = 1,910 mg	1910 mg	2 x 1000 mg	39.0	78 x 1000 mg
Patient population a2): Vinflunine or docetaxel or paclitaxel					
Vinflunine	320 mg/m² BSA = 611.20 mg	611.20 mg	2 x 250 mg + 3 x 50 mg	17.4	34.8 x 250 mg + 52.2 x 50 mg
Docetaxel	75 mg/m² BSA = 143.25 mg	143.25 mg	1 x 160 mg	17.4	17.4 x 160 mg
Paclitaxel	175 mg/m² BSA = 334.25 mg	334.25 mg	1 x 300 mg +	17.4	17.4 x 300 mg +

Designation of the therapy	Dosage/ application	Dose/ patient/ treatment days	Consumption by potency/ treatment day	Treatment days/ patient/ year	Average annual consumption by potency
			2 x 30 mg		34.8 x 30 mg
Patient population b): Enfortumab vedotin					
Enfortumab vedotin	1.25 mg/kg BW = 97.1 m	97.1 mg	2 x 30 mg + 2 x 20 mg	34.8 34.8	69.6 x 30 mg 69.6 x 20 mg

Costs:

In order to improve comparability, the costs of the medicinal products were approximated both on the basis of the pharmacy sales price level and also deducting the statutory rebates in accordance with Section 130 and Section 130a SGB V. 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 after deduction of the statutory rebates. Any reference prices shown in the cost representation may not represent the cheapest available alternative.

Costs of the medicinal products:

Designation of the therapy	Packaging size	Costs (pharmacy sales price)	Rebate Section 130 SGB V	Rebate Section 130a SGB V	Costs after deduction of statutory rebates
Medicinal product to be assessed					
Erdafitinib 4 mg	56 FCT	€ 13,201.11	€ 1.77	€ 750.63	€ 12,448.71
Erdafitinib 3 mg	84 FCT	€ 13,201.11	€ 1.77	€ 750.63	€ 12,448.71
Appropriate comparator therapy					
Gemcitabine 1,000 mg	1 PIF	€ 102.35	€ 1.77	€ 10.62	€ 89.96
Cisplatin 50 mg	1 CIS	€ 44.09	€ 1.77	€ 1.56	€ 40.76
Cisplatin 100 mg	1 CIS	€ 76.86	€ 1.77	€ 3.11	€ 71.98
Paclitaxel 300 mg	1 CIS	€ 845.77	€ 1.77	€ 39.60	€ 804.40
Paclitaxel 30 mg	1 CIS	€ 94.76	€ 1.77	€ 3.96	€ 89.03
Docetaxel 160 mg	1 CIS	€ 515.78	€ 1.77	€ 23.94	€ 490.07
Vinflunine 250 mg	1 CIS	€ 1,869.18	€ 1.77	€ 103.46	€ 1,763.95
Vinflunine 50 mg	1 CIS	€ 385.04	€ 1.77	€ 20.69	€ 362.58
Enfortumab vedotin 30 mg	1 PCI	€ 833.35	€ 1.77	€ 45.51	€ 786.07
Enfortumab vedotin 20 mg	1 PCI	€ 559.32	€ 1.77	€ 30.34	€ 527.21
Abbreviations: FCT = film-coated tablets; CIS = concentrate for the preparation of an infusion solution; PIS = powder for the preparation of an infusion solution; PCI = powder for a concentrate for the preparation of a solution for infusion					

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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.

Non-prescription medicinal products that are reimbursable at the expense of the statutory health insurance according to Annex I of the Pharmaceuticals Directive (so-called OTC exception list) are not subject to the current medicinal products price regulation. Instead, in accordance with Section 129 paragraph 5aSGB V, when a non-prescription medicinal product is dispensed and invoiced in accordance with Section 300, a medicinal product dispensing price in the amount of the dispensing price of the pharmaceutical company plus the surcharges in accordance with Sections 2 and 3 of the Pharmaceutical Price Ordinance in the version valid on 31 December 2003 applies to the insured.

Patient population a1)

Designation of the therapy	Packaging size	Costs (pharmacy sales price)	Rebate Section 130 SGB V	Rebate Section 130a SGB V	Costs after deduction of statutory rebates	Treatment days/ year	Costs/ patient/ year
Appropriate comparator therapy							
Cisplatin in combination with gemcitabine							
Cisplatin							
Antiemetic treatment: In clinical practice, an appropriate antiemetic treatment is established before and/or after administration of cisplatin. The product information for cisplatin does not provide any specific information on this, which is why the necessary costs cannot be quantified.							
Hydration and forced diuresis							
Mannitol 10% infusion solution, 375 ml/day	10 x 500 ml INF	€ 105.54	€ 5.28	€ 4.26	€ 96.00	13	€ 124.80
Sodium chloride 0.9% Inf. Sol., 3 - 4.4 l/day	20 x 500 ml INF	€ 5.51	€ 0.28	€ 0.38	€ 4.85	13	€ 18.92 – € 26.80

Other SHI services:

The special agreement on contractual unit costs of retail pharmacist services (Hilfstaxe) (Sections 4 and 5 of the Pharmaceutical Price Ordinance) from 1 October 2009 is not fully used

to calculate costs. Alternatively, the pharmacy sales price publicly accessible in the directory services according to Section 131 paragraph 4 SGB V is a suitable basis for a standardised calculation.

According to the currently valid version of the special agreement on contractual unit costs of retail pharmacist services (Hilfstaxe), surcharges for the production of parenteral preparations containing cytostatic agents a maximum amount of € 100 per ready-to-use preparation, and for the production of parenteral solutions containing monoclonal antibodies a maximum of € 100 per ready-to-use unit are to be payable. These additional other costs are not added to the pharmacy sales price but rather follow the rules for calculating in the Hilfstaxe. The cost representation is based on the pharmacy retail price and the maximum surcharge for the preparation and is only an approximation of the treatment costs. This presentation does not take into account, for example, the rebates on the pharmacy purchase price of the active ingredient, the invoicing of discards, the calculation of application containers, and carrier solutions in accordance with the regulations in Annex 3 of the Hilfstaxe.

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:

a1) Adults with unresectable or metastatic urothelial carcinoma, harbouring susceptible FGFR3 genetic alterations after prior therapy with a PD-1 or PD-L1 inhibitor in the unresectable or metastatic treatment setting, and who are eligible for and have not yet received cisplatin-containing chemotherapy; second-line treatment

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.

References:
Product information for erdafitinib (Balversa); Balversa 3 mg/-4 mg/-5 mg film-coated tablets; last revised: February 2025

a2) Adults with unresectable or metastatic urothelial carcinoma, harbouring susceptible FGFR3 genetic alterations after prior therapy with a PD-1 or PD-L1 inhibitor in the unresectable or metastatic treatment setting, and who are *not* eligible for cisplatin-containing chemotherapy; second-line treatment

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.

References:
Product information for erdafitinib (Balversa); Balversa 3 mg/-4 mg/-5 mg film-coated tablets; last revised: February 2025

b) Adults with unresectable or metastatic urothelial carcinoma, harbouring susceptible FGFR3 genetic alterations after prior therapy with platinum-containing chemotherapy and a PD-1 or PD-L1 inhibitor in the unresectable or metastatic treatment setting, and who are eligible for chemotherapy; third-line treatment

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.

References:
Product information for erdafitinib (Balversa); Balversa 3 mg/-4 mg/-5 mg film-coated tablets; last revised: February 2025

2.6 Percentage of study participants at study centres within the scope of SGB V in accordance with Section 35a, paragraph 3, sentence 5 SGB V

The medicinal product Balversa with the active ingredient erdafitinib is a medicinal product placed on the market after 1 January 2025. In accordance with Section 35a, paragraph 3, sentence 5 SGB V, the G-BA must determine whether a relevant percentage of the clinical studies on such a medicinal product were conducted within the scope of SGB V. This is the case if the percentage of study participants who have participated in the clinical studies on the medicinal product to be assessed in the therapeutic indication to be assessed at study sites within the scope of SGB V is at least five per cent of the total number of study participants.

According to Section 35a, paragraph 1, sentence 3, no. 7 SGB V, the calculation is based on all studies conducted or commissioned by the pharmaceutical company, which they must submit to the G-BA as part of the benefit assessment dossier in the therapeutic indication to be assessed. The approval studies include all studies that were submitted to the regulatory authority in the authorisation dossier for the assessment of the clinical efficacy and safety of the medicinal product in the therapeutic indication to be assessed (see Section 4, paragraph 6, sentences 1 and 2 AM-NutzenV in conjunction with Chapter 5 Section 9, paragraph 4, sentences 1 and 2 VerfO).

With regard to the calculation of the percentage of study participants at study sites within the scope of SGB V according to Section 35a, paragraph 3, sentence 5 SGB V, the pharmaceutical company refers to the fact that not all studies were conducted in the therapeutic indication and consequently the patients enrolled in these studies are not to be taken into account for the calculation of the percentage of study participants in clinical studies on the medicinal product to be assessed in the therapeutic indication to be assessed.

Accordingly, they do not include the BLC2002 and EDI1001 studies as well as the cohort 2 of the THOR study (BLC3001) in the calculation. This is inappropriate because these clinical studies with erdafitinib were conducted for the purpose of obtaining marketing authorisation for Balversa and were submitted to the regulatory authority as part of section 2.7.4 of the authorisation dossier (summary of clinical safety) for the assessment of the benefit-risk ratio in the therapeutic indication to be assessed.

According to Section 4, paragraph 6, sentences 1 and 2 AM-NutzenV in conjunction with Chapter 5 Section 9, paragraph 4, sentences 1 and 2 VerfO, pharmaceutical companies are obliged to present the dossier with, among other things, all studies that have been submitted to the regulatory authority. These studies are the clinical studies, which were conducted or commissioned by the pharmaceutical company in accordance with Section 35a, paragraph 1, sentence 3, no. 7 SGB V, and for which the pharmaceutical company must submit information on the number of study participants in the dossier. In accordance with Section 35a, paragraph 1, sentence 3, no. 7 SGB V, all clinical studies of the medicinal product must be included in the decision on the relevant percentage of study participants within the scope of SGB V. This means that the clinical studies and other studies submitted to the regulatory authority in the authorisation dossier for the assessment of the clinical efficacy and safety of the medicinal product in the therapeutic indication to be assessed are relevant for determining the relevant percentage of study participants within the meaning of Section 35a, paragraph 1, sentence 3, no. 7 in conjunction with paragraph 3, sentence 5 SGB V. The submission to the regulatory authority includes the clinical studies mentioned in section 2.7.4 of the authorisation dossier, which must therefore be used in their entirety to determine whether a relevant percentage of the clinical studies on the medicinal product were conducted within the scope of SGB V in

accordance with Section 35a, paragraph 1, sentence 3, no. 7 in conjunction with paragraph 3, sentence 5 SGB V.

Neither in the dossier nor the written statement procedure did the pharmaceutical company submit any information for the calculation of the relevant percentage of the clinical studies BLC2002 and EDI1001 as well as the cohort 2 of the THOR study (BLC3001) included in the authorisation dossier. Thus, the pharmaceutical company provided insufficient information on the total number of study participants and on the number of study participants who participated in the clinical studies - conducted or commissioned by the pharmaceutical company - of the medicinal product in the therapeutic indication to be assessed, at study sites within the scope of SGB V. Due to the lack of information, it is therefore not possible to conclude that a relevant percentage of the decisive clinical studies on the medicinal product Balversa with the active ingredient erdafitinib were conducted within the scope of 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

At their session on 7 May 2024, the Subcommittee on Medicinal Products determined the appropriate comparator therapy.

On 20 December 2024, the pharmaceutical company submitted a dossier for the benefit assessment of erdafitinib to the G-BA in due time in accordance with Chapter 5 Section 8, paragraph 1, number 1, sentence 2 VerfO.

By letter dated 7 January 2025 in conjunction with the resolution of the G-BA of 1 August 2011 concerning the commissioning of the IQWiG to assess the benefit of medicinal products with new active ingredients in accordance with Section 35a SGB V, the G-BA commissioned the IQWiG to assess the dossier concerning the active ingredient erdafitinib.

The dossier assessment by the IQWiG was submitted to the G-BA on 28 March 2025, and the written statement procedure was initiated with publication on the G-BA website on 1 April 2025. The deadline for submitting statements was 22 April 2025.

The oral hearing was held on 5 May 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 11 June 2025, and the proposed draft resolution was approved.

At their session on 18 June 2025, the plenum adopted a resolution to amend the Pharmaceuticals Directive.

Chronological course of consultation

Session	Date	Subject of consultation
Subcommittee on Medicinal Products	7 May 2024	Determination of the appropriate comparator therapy
Working group Section 35a	29 April 2025	Information on written statements received; preparation of the oral hearing
Subcommittee on Medicinal Products	5 May 2025	Conduct of the oral hearing
Working group Section 35a	13.05.2025; 03.06.2025	Consultation on the dossier evaluation by the IQWiG and evaluation of the written statement procedure
Subcommittee on Medicinal Products	11 June 2025	Concluding discussion of the draft resolution
Plenum	18 June 2025	Adoption of the resolution on the amendment of the Pharmaceuticals Directive

Berlin, 18 June 2025

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

Prof. Hecken