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
Dostarlimab
(new therapeutic indication: primary advanced or recurrent, mismatch repair proficient (pMMR) endometrial cancer, combination with carboplatin and paclitaxel)

of 7 August 2025

Contents

1. Legal basis

According to Section 35a paragraph 1 German Social Code, Book Five (SGB V), the Federal Joint Committee (G-BA) assess 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 have 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.

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 active ingredient dostarlimab (Jemperli) was listed for the first time on 15 June 2021 in the "LAUER-TAXE®", the extensive German registry of available drugs and their prices.

On 15 January 2025, dostarlimab received marketing authorisation for a new therapeutic indication to be classified as a major type 2 variation as defined according to Annex 2, number 2, letter a to Regulation (EC) No. 1234/2008 of the Commission of 24 November 2008 concerning the examination of variations to the terms of marketing authorisations for medicinal products for human use and veterinary medicinal products (OJ L 334 from 12.12.2008, sentence 7).

On 11 February 2025, i.e. at the latest within four weeks after informing the pharmaceutical company about the approval for a new therapeutic indication, the pharmaceutical company has submitted a dossier in due time in accordance with Section 4, paragraph 3, number 2 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV) in conjunction with

Chapter 5 Section 8, paragraph 1, number 2 of the Rules of Procedure (VerfO) of the G-BA on the active ingredient dostarlimab with the new therapeutic indication

"JEMPERLI is indicated in combination with carboplatin and paclitaxel for the first-line treatment of adult patients with primary advanced or recurrent endometrial cancer (EC) and who are candidates for systemic therapy."

.

On 7 December 2023, the active ingredient dostarlimab was granted the marketing authorisation for the therapeutic indication "JEMPERLI is indicated in combination with carboplatin and paclitaxel for the treatment of adult patients with primary advanced or recurrent, mismatch repair deficient (dMMR)/ microsatellite instability-high (MSI-H) endometrial cancer and who are candidates for systemic therapy". The G-BA adopted a resolution on the benefit assessment of dostarlimab in this therapeutic indication on 20 June 2024.

By the extension of the marketing authorisation of 15 January 2025, this therapeutic indication was replaced by the therapeutic indication

"JEMPERLI is indicated in combination with carboplatin and paclitaxel for the first-line treatment of adult patients with primary advanced or recurrent endometrial cancer (EC) and who are candidates for systemic therapy."

.

Consequently, the therapeutic indication that has already been subject to benefit assessment (marketing authorisation of 07 December 2023) is excluded from the research question of this benefit assessment procedure. Thus, the research question of the present benefit assessment procedure (therapeutic indication of the resolution) refers to the sub-population of mismatch repair proficient (pMMR) adult patients, which was added with the extension of the marketing authorisation.

The G-BA commissioned the IQWiG to carry out the assessment of the dossier. The benefit assessment was published on 15 May 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 dostarlimab 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 have 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 dostarlimab.

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

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

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

2.1.1 Approved therapeutic indication of Dostarlimab (Jemperli) in accordance with the product information

JEMPERLI is indicated in combination with carboplatin and paclitaxel for the first-line treatment of adult patients with primary advanced or recurrent endometrial cancer (EC) and who are candidates for systemic therapy.

Therapeutic indication of the resolution (resolution of 07.08.2025):

JEMPERLI is indicated in combination with carboplatin and paclitaxel for the first-line treatment of adult patients with primary advanced or recurrent, mismatch repair proficient (pMMR) endometrial cancer (EC) and who are candidates for systemic therapy.

2.1.2 Appropriate comparator therapy

The appropriate comparator therapy was determined as follows:

Adult patients with stage III or IV primary advanced endometrial cancer or with recurrence of **mismatch repair proficient (pMMR)** endometrial cancer who:

- have not yet received systemic therapy as postoperative or adjuvant therapy for treatment of the primary advanced disease,
- have not yet received chemotherapy for treatment of the recurrence.

Appropriate comparator therapy:

- Durvalumab in combination with carboplatin and paclitaxel, followed by durvalumab in combination with olaparib

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 dostarlimab, medicinal products with the active ingredients cisplatin, doxorubicin, durvalumab, medroxyprogesterone acetate, megestrol acetate, olaparib and pembrolizumab are approved in this therapeutic indication.

On 2. Non-medicinal treatment is not considered.

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

- Pembrolizumab: resolution of 15 May 2025
- Durvalumab: resolution of 20 February 2025
- Olaparib: resolution of 20 February 2025
- Dostarlimab: resolution of 20 June 2024

On 4. The generally recognised state of medical knowledge was illustrated by a systematic search for guidelines as well as systematic 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".

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 indication according to Section 35a paragraph 7 SGB V (see “Information on Appropriate Comparator Therapy”).

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

For determination of the appropriate comparator therapy, it is assumed that local therapy options for treating the recurrence (resection, radiotherapy) are not an option for patients in the therapeutic indication in the recurrence situation.

In addition, in view of the fact that the approved therapeutic indication clearly covers different treatment settings, the patient group is specified when determining the appropriate comparator therapy:

Adult patients with stage III - IV primary advanced endometrial cancer or recurrent, mismatch repair proficient (pMMR) endometrial cancer who:

- have not yet received systemic therapy as postoperative or adjuvant therapy for treatment of the primary advanced disease,
- have not yet received chemotherapy for treatment of the recurrence.

There are no recommendations in the current S3 guideline that explicitly take the pMMR status into account. There are recommendations that are suitable for an unselected patient population in this regard, irrespective of the MMR status. Systemic chemotherapy can be carried out in accordance with these recommendations. The S3 guideline recommends chemotherapy with carboplatin in combination with paclitaxel as the evidence-based treatment of choice.

The S3 guideline currently includes no recommendations for maintenance treatment after first-line therapy, neither for patients with dMMR endometrial cancer nor irrespective of MMR status.

The active ingredients carboplatin and paclitaxel are not approved for the present treatment setting, neither as individual active ingredients nor in the combination of carboplatin and paclitaxel.

In contrast, pembrolizumab (in combination with carboplatin and paclitaxel followed by pembrolizumab for patients, regardless of the MMR status)durvalumab (in combination with carboplatin and paclitaxel followed by durvalumab in combination with olaparib for pMMR patients) and olaparib (as maintenance treatment in combination with durvalumab after first-line therapy with durvalumab in combination with carboplatin and paclitaxel for pMMR patients) are approved treatment options for pMMR patients, some of which are still quite new (marketing authorisations of pembrolizumab on 21.10.2024, durvalumab on 26.07.2024 and olaparib on 12.08.2024).

As part of the written statement procedure, clinical experts stated that the treatment regimens with the different immune checkpoint inhibitors now correspond to the current treatment standard in care.

For patients with pMMR endometrial cancer, benefit assessments on durvalumab in combination with carboplatin and paclitaxel, followed by durvalumab in combination with olaparib, and on olaparib in combination with durvalumab in maintenance treatment after first-line therapy with durvalumab in combination with carboplatin and paclitaxel are available.

In both benefit assessments, an indication of a considerable additional benefit compared with carboplatin in combination with paclitaxel was identified for patients with newly diagnosed disease. For patients with recurrent disease, it was determined that an additional benefit is not proven (resolutions of 20.02.2025 in each case).

A benefit assessment of pembrolizumab in combination with carboplatin and paclitaxel followed by pembrolizumab is also available for patients with endometrial cancer,

regardless of the MMR status. In the benefit assessment, it was determined that an additional benefit is proven neither for dMMR patients (patient group a) compared with the appropriate comparator therapy of dostarlimab in combination with carboplatin and paclitaxel followed by dostarlimab as monotherapy, nor for pMMR patients (patient group b) compared with the appropriate comparator therapy of durvalumab in combination with carboplatin and paclitaxel followed by durvalumab in combination with olaparib (resolution of 15.05.2025).

The active ingredient pembrolizumab is a new treatment option in the present therapeutic indication. The active ingredient was only recently approved (marketing authorisation on 21 October 2024). For the present resolution, pembrolizumab in combination with carboplatin and paclitaxel followed by pembrolizumab is not determined to be an appropriate comparator therapy.

For these reasons, only the combination therapy with durvalumab is determined to be the appropriate comparator therapy for pMMR patients by the present resolution in the comparison of the above-mentioned treatment options – carboplatin in combination with paclitaxel, pembrolizumab in combination with carboplatin and paclitaxel, followed by pembrolizumab, and durvalumab in combination with carboplatin and paclitaxel, followed by durvalumab in combination with olaparib.

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 dostarlimab is assessed as follows:

Adult patients with stage III or IV primary advanced endometrial cancer or with recurrence of **mismatch repair proficient (pMMR)** endometrial cancer who:

- have not yet received systemic therapy as postoperative or adjuvant therapy for treatment of the primary advanced disease,
- have not yet received chemotherapy for treatment of the recurrence.

An additional benefit is not proven.

Justification:

For the proof of the additional benefit of dostarlimab, the pharmaceutical company presented the results of the RUBY study.

The RUBY study is an ongoing, multicentre, double-blind, randomised controlled phase III study comparing dostarlimab in combination with carboplatin and paclitaxel, followed by dostarlimab, with placebo in combination with carboplatin and paclitaxel, followed by placebo. Adult patients, regardless of the MMR status, with advanced (stage III, IVA or IVB) or recurrent endometrial cancer who have not previously received systemic therapy for advanced disease or recurrence and whose disease had a low chance of cure by radiotherapy and/or surgery alone or in combination are being examined. Patients in the relapsed stage had to be in the 1st recurrence.

A total of 494 female patients were enrolled. For the benefit assessment, the pharmaceutical company presented the sub-population of patients with pMMR endometrial cancer. This comprises 376 patients, 192 thereof in the intervention arm and 184 in the comparator arm.

The ongoing study was launched in July 2019 and is being conducted at 169 study sites in North America and Europe.

Assessment:

The data from the RUBY study are unsuitable for the assessment of the additional benefit. The combination of carboplatin and paclitaxel constituted the comparator arm of the study. This does not correspond to the determined appropriate comparator therapy (durvalumab in combination with carboplatin and paclitaxel followed by durvalumab in combination with olaparib). Consequently, the appropriate comparator therapy has not been implemented. Thus, there are no suitable data available for an assessment of the additional benefit of dostarlimab. An additional benefit of dostarlimab in combination with carboplatin and paclitaxel, followed by dostarlimab, for the first-line treatment of primary advanced or recurrent endometrial cancer in pMMR adult patients, who are candidates for systemic therapy, is therefore not proven.

2.1.4 Summary of the assessment

The present assessment is the benefit assessment of a new therapeutic indication for the active ingredient dostarlimab.

The therapeutic indication assessed here is as follows:

"JEMPERLI is indicated in combination with carboplatin and paclitaxel for the first-line treatment of adult patients with primary advanced or recurrent endometrial cancer (EC) and who are candidates for systemic therapy."

Dostarlimab is being assessed here in the first-line treatment of patients with primary advanced or recurrent, pMMR endometrial cancer. The benefit assessment on dMMR patients was carried out by resolution of 20 June 2024.

The G-BA determined durvalumab in combination with carboplatin and paclitaxel, followed by durvalumab in combination with olaparib, as the appropriate comparator therapy.

The pharmaceutical company presented results of the assessment-relevant sub-population of pMMR patients from the ongoing double-blind phase III RUBY study, comparing dostarlimab in combination with carboplatin and paclitaxel, followed by dostarlimab, versus carboplatin and paclitaxel, followed by placebo.

The comparator arm of the study therefore does not correspond to the appropriate comparator therapy. Thus, no suitable data are available.

It is concluded that an additional benefit of dostarlimab in combination with carboplatin and paclitaxel, followed by dostarlimab, for the first-line treatment of primary advanced or recurrent endometrial cancer in pMMR adult patients, who are candidates for systemic therapy, 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).

In order to enable a consistent consideration of the patient numbers, taking into account the resolutions made on the benefit assessment of medicinal products with new active ingredients according to Section 35a SGB V, the patient numbers from the resolution on durvalumab (pMMR patients, resolution of 20 February 2025)[2] are used as a basis for the present resolution.

The uncertainties from the previous procedures remain due to methodological limitations.

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 Jemperli (active ingredient: dostarlimab) at the following publicly accessible link (last access: 16 May 2025):

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

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

In accordance with the EMA requirements regarding additional risk minimisation measures, the pharmaceutical company must provide training material that contains information for medical professionals and patients (including patient identification card). The training material contains, in particular, instructions on the management of immune-mediated side effects potentially occurring with dostarlimab.

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: 15 July 2025).

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

[2] Benefit assessment procedure D-1096 durvalumab; www.g-ba.de/bewertungsverfahren/nutzenbewertung/1112/

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 comorbidities) 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 of women: 1.66 m, average body weight of women: 69.2 kg). This results in a body surface area of 1.77 m² (calculated according to Du Bois 1916)[3].

The dosage according to the target AUC of carboplatin is calculated using the Calvert formula and the estimation of renal function with the Cockcroft-Gault equation using the average height (average body height of women: 1.66 m)[4], the average weight (average body weight of women: 69.2 kg)[4], the average age of women in Germany in 2021 (46 years)[4] and the average standard serum creatinine concentration (women: 0.75 mg/dl)[5].

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

Treatment period:

Adult patients with stage III - IV primary advanced endometrial carcinoma or mismatch repair **proficient** (**p**MMR) recurrent endometrial cancer who:

- have not yet received systemic therapy as postoperative or adjuvant therapy for treatment of the primary advanced disease,
- have not yet received chemotherapy for treatment of the recurrence.

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Medicinal product to be assessed				
Dostarlimab in combination with carboplatin and paclitaxel				
Dostarlimab	1 x every 21 days	6	1	6
Carboplatin	1 x every 21 days	6	1	6
Paclitaxel	1 x every 21 days	6	1	6
Maintenance treatment with dostarlimab				
Dostarlimab	1 x every 42 days	5.7	1	5.7

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

[4] Federal Institute for Population Research, Average age of the population in Germany (1871-2021) https://www.bib.bund.de/DE/Fakten/Fakt/B19-Durchschnittsalter-Bevoelkerung-ab-1871.html

[5] DocCheck Flexikon – Serum creatinine, URL: https://flexikon.doccheck.com/de/Serumkreatinin [last access: 24.06.2025]

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Appropriate comparator therapy				
Durvalumab in combination with carboplatin and paclitaxel				
Durvalumab	1 x every 21 days	4 – 6	1	4 – 6
Carboplatin	1 x every 21 days	4 – 6	1	4 – 6
Paclitaxel	1 x every 21 days	4 – 6	1	4 – 6
Maintenance treatment with durvalumab in combination with olaparib				
Durvalumab	1 x every 28 days	8.5 – 10.0	1	8.5 – 10.0
Olaparib	Continuously, 2 x daily	239.0 – 281.0	1	239.0 – 281.0

Consumption:

Adult patients with stage III - IV primary advanced endometrial carcinoma or mismatch repair **proficient** (**p**MMR) recurrent endometrial cancer who:

- have not yet received systemic therapy as postoperative or adjuvant therapy for treatment of the primary advanced disease,
- have not yet received chemotherapy for treatment of the recurrence.

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					
Dostarlimab in combination with carboplatin and paclitaxel					
Dostarlimab	500 mg	500 mg	1 x 500 mg	6	6 x 500 mg
Carboplatin	AUC 5 = 637 mg	637 mg	1 x 600 mg + 1 x 50 mg	6	6 x 600 mg + 6 x 50 mg
Paclitaxel	175 mg/m^2 BSA = 309.8 mg	309.8 mg	1 x 300 mg + 1 x 30 mg	6	6 x 300 mg + 6 x 30 mg
Maintenance treatment with dostarlimab					
Dostarlimab	1,000 mg	1,000 mg	2 x 500 mg	5.7	11.4 x 500 mg
Appropriate comparator therapy					
Durvalumab in combination with carboplatin and paclitaxel					
Durvalumab	1,120 mg	1,120 mg	2 x 500 mg + 1 x 120 mg	4 – 6	8 x 500 mg + 4 x 120 mg – 12 x 500 mg + 6 x 120 mg
Carboplatin	AUC 5 = 637 mg or AUC 6 = 764.3 mg	637 mg – 764.3 mg	1 x 600 mg + 1 x 50 mg - 1 x 600 mg + 1 x 150 mg + 1 x 50 mg	4 – 6	4 x 600 mg + 4 x 50 mg - – 6 x 600 mg + 6 x 150 mg + 6 x 50 mg
Paclitaxel	175 mg/m^2 BSA = 309.8 mg	309.8 mg	1 x 300 mg + 1 x 30 mg	4 – 6	4 x 300 mg + 4 x 30 mg – 6 x 300 mg + 6 x 30 mg
Maintenance treatment with durvalumab in combination with olaparib					
Durvalumab	1,500 mg	1,500 mg	3 x 500 mg	8.5 – 10.0	25.5 x 500 mg – 30 x 500 mg
Olaparib	2 x daily 300 mg	600 mg	4 x 150 mg	239.0 – 281.0	956 x 150 mg – 1,124 x 150 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:

Adult patients with stage III - IV primary advanced endometrial carcinoma or mismatch repair **proficient** (**p**MMR) recurrent endometrial cancer who:

- have not yet received systemic therapy as postoperative or adjuvant therapy for treatment of the primary advanced disease,
- have not yet received chemotherapy for treatment of the recurrence.

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					
Dostarlimab 500 mg	1 CIS	€ 4,557.80	€ 1.77	€ 257.00	€ 4,299.03
Carboplatin 600 mg	1 CIS	€ 300.84	€ 1.77	€ 13.74	€ 285.33
Carboplatin 50 mg	1 CIS	€ 34.66	€ 1.77	€ 1.11	€ 31.78
Paclitaxel 30 mg	1 CIS	€ 94.76	€ 1.77	€ 3.96	€ 89.03
Paclitaxel 300 mg	1 CIS	€ 845.77	€ 1.77	€ 39.60	€ 804.40
Appropriate comparator therapy					
Carboplatin 600 mg	1 CIS	€ 300.84	€ 1.77	€ 13.74	€ 285.33
Carboplatin 150 mg	1 CIS	€ 83.06	€ 1.77	€ 3.40	€ 77.89
Carboplatin 50 mg	1 CIS	€ 34.66	€ 1.77	€ 1.11	€ 31.78
Durvalumab 500 mg	1 CIS	€ 2,105.19	€ 1.77	€ 116.94	€ 1,986.48
Durvalumab 120 mg	1 CIS	€ 518.21	€ 1.77	€ 28.06	€ 488.38
Olaparib 150 mg	112 FCT	€ 4,763.36	€ 1.77	€ 268.74	€ 4,492.85
Paclitaxel 30 mg	1 CIS	€ 94.76	€ 1.77	€ 3.96	€ 89.03
Paclitaxel 300 mg	1 CIS	€ 845.77	€ 1.77	€ 39.60	€ 804.40
Abbreviations FCT = film-coated tablets; CIS = concentrate for the preparation of an infusion solution					

LAUER-TAXE® last revised: 15 July 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.

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 special agreement on contractual unit costs of retail pharmacist services (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 designate 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 have 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 have 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.

<u>Concomitant active ingredient</u>

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 have 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:

Adult patients with stage III - IV primary advanced endometrial carcinoma or mismatch repair **proficient** (**p**MMR) recurrent endometrial cancer who:

- have not yet received systemic therapy as postoperative or adjuvant therapy for treatment of the primary advanced disease,
- have not yet received chemotherapy for treatment of the recurrence.

No medicinal product with new active ingredients that can be used in a combination therapy and fulfils the requirements of Section 35a, paragraph 3, sentence 4 SGB V.

References:
Product information for dostarlimab (Jemperli); JEMPERLI 500 mg concentrate for the preparation of an infusion solution; last revised: April 2025

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 11 February 2025, the pharmaceutical company submitted a dossier for the benefit assessment of dostarlimab to the G-BA in due time in accordance with Chapter 5 Section 8, paragraph 1, number 2 VerfO.

At their session on 25 February 2025, the Subcommittee on Medicinal Products determined the appropriate comparator therapy.

By letter dated 13 February 2025 in conjunction with the resolution of the G-BA of 1 August 2011 concerning the commissioning of the IQWiG to assess the benefits 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 dostarlimab. The appropriate comparator therapy determined for the assessment procedure was submitted to IQWiG on 25 February 2025 in addition to the letter of 13 February 2025.

The dossier assessment by the IQWiG was submitted to the G-BA on 13 May 2025, and the written statement procedure was initiated with publication on the G-BA website on 15 May 2025. The deadline for submitting statements was 5 June 2025.

The oral hearing was held on 23 June 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 29 July 2025, and the proposed draft resolution was approved.

At their session on 7 August 2025, the plenum adopted a resolution to amend the Pharmaceuticals Directive.

Chronological course of consultation

Session	Date	Subject of consultation
Subcommittee on Medicinal Products	25 February 2025	New determination of the appropriate comparator therapy
Working group Section 35a	17 June 2025	Information on written statements received; preparation of the oral hearing
Subcommittee on Medicinal Products	23 June 2025	Conduct of the oral hearing
Working group Section 35a	02.07.2025; 16.07.2025	Consultation on the dossier evaluation by the IQWiG and evaluation of the written statement procedure
Subcommittee on Medicinal Products	29 July 2025	Concluding discussion of the draft resolution
Plenum	7 August 2025	Adoption of the resolution on the amendment of the Pharmaceuticals Directive

Berlin, 7 August 2025

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

Prof. Hecken