Gemeinsamer Bundesausschuss

# Justification

to the Resolution of the Federal Joint Committee (G-BA) on the Suspension of a Consultation Procedure under Section 35a paragraph 3b SGB V
Belumosudil (chronic graft-versus-host disease); requirement of routine practice data collection and evaluations

of 6 November 2025

**Contents**

## 1. Legal basis

According to Section 35a, paragraph 3b, sentence 1 SGB V, the Federal Joint Committee (G-BA) can demand the pharmaceutical company to submit routine practice data collections and evaluations for the purpose of the benefit assessment within a reasonable period of time for the following medicinal products:

1. in the case of medicinal products authorised to be placed on the market in accordance with the procedure laid down in Article 14, paragraph 8 of Regulation (EC) No 726/2004 of the European Parliament and of the Council of 31 March 2004 laying down Community procedures for the authorisation and supervision of medicinal products for human and veterinary use and establishing a European Medicines Agency (OJ L 136, 30.4.2004, p. 1), as last amended by Regulation 162 Rules of Procedure last revised: 16 December 2020 (EU) 2019/5 (OJ L 4, 7.1.2019, p. 24), or for which a marketing authorisation has been granted in accordance with Article 14-a of Regulation (EC) No 726/2004; and
2. for medicinal products approved for the treatment of rare diseases under Regulation No. 141/2000.

## 2. Key points of the resolution

The centralised marketing authorisation procedure of the regulatory authority European Medicines Agency (EMA) for the active ingredient belumosudil started in September 2024. The marketing authorisation and initial listing in the directory services in accordance with Section 131, paragraph 4 SGB V were still pending at the time the resolution was passed.

The active ingredient belumosudil was granted orphan designation by the EMA on 17 October 2019 (EU/3/19/2205).

On the basis of additional ongoing or completed studies on belumosudil underlying the marketing authorisation application, the G-BA identified gaps in the evidence, particularly for the following aspects relevant to the early benefit assessment, which justify the necessity of routine practice data collection and evaluations according to Section 35a, paragraph 3b, sentence 1 SGB V for the active ingredient belumosudil:

- Data to assess the long-term (additional) benefit and harm of treatment with belumosudil for the patient population included in the marketing authorisation application;
- comparator data of treatment with belumosudil versus existing therapeutic alternatives for the patient population covered by the marketing authorisation application

The identified phase 2 KD025-208 and KD025-213 (ROCKstar study) studies to investigate the efficacy, safety and tolerability of different doses of belumosudil in patients with cGvHD, as well as the extension study KD025-217 (PMR 4106-3) commissioned by the FDA for the long-term follow-up of patients from the KD025-208 or KD025-213 studies, are designed as non-comparator studies.

By resolution of 20 February 2025, the G-BA initiate a procedure for the requirement of a routine practice data collection according to Section 35a, paragraph 3b, sentence 1 SGB V for the active ingredient belumosudil.

A concept was drawn up in preparation for the resolution on the requirement of routine practice data collection and evaluations. The concept contains in particular requirements for:

1. the type, duration and scope of data collection,
2. the research question (PICO framework: patient/population, intervention, comparison, outcomes) that is to be the subject of the data collection and evaluations, including the patient-relevant endpoints to be collected,
3. the data collection methods,
4. the evaluations by the pharmaceutical company according to Section 50, paragraph 2 of the VerfO.

The G-BA decide whether to prepare the concept themselves or to commission the Institute for Quality and Efficiency in Health Care (IQWiG) to do so. In the present case, the G-BA commissioned IQWiG to prepare the concept. The expert bodies according to Section 35a, paragraph 3b, sentences 7 and 8 SGB V made a written submission in drawing up the concept. The submission took place in such a way that the expert bodies were given the opportunity in writing to comment on the requirements of routine practice data collection and evaluations in accordance with the concept that had been drawn up. In addition, expert consultation was held.

The pharmaceutical company stated in the written submission and in the expert consultation that the recently completed real-world study ROCKreal provided comprehensive and robust evidence for the comparative assessment of the efficacy and safety of belumosudil versus best available therapy (BAT). The results of the real-world study ROCKreal were published in August 2025 and subsequently submitted by the pharmaceutical company in the course of the submission procedure.

The ROCKreal study is a retrospective study comparing belumosudil with a best available therapy based on healthcare-related data from patient records. The BAT included the following active ingredients and non-medicinal procedures: Abatacept, alemtuzumab, ciclosporin, extracorporeal photopheresis, etanercept, hydroxychloroquine, ibrutinib, imatinib, interleukin-2, methotrexate, mycophenolate mofetil, pentostatin, rituximab, ruxolitinib, sirolimus, tacrolimus and nodal radiotherapy. According to the information provided by the pharmaceutical company, the study was planned in accordance with a target trial emulation to replicate a randomised controlled trial. Patients aged ≥ 12 years with chronic graft-versus-host disease (cGvHD) after receiving 2 to 5 previous lines of therapy were enrolled. In contrast to the emulation of a randomised controlled trial, individual lines of therapy were however selected as the observation entity instead of patients. Based on the information in the presented statistical analysis plan, it is also unclear whether the analyses performed were pre-specified and which study documents were used for data extraction. A study protocol for the ROCKreal study was not submitted. Furthermore, no systematic literature review was carried out to identify confounders, thus not guaranteeing complete identification of all potentially relevant confounders.

Due to the aforementioned limitations, the G-BA classify the real-world study ROCKreal as being unsuitable - according to the current state of knowledge - for improving the existing body of evidence sufficiently for the purpose of the benefit assessment.

Based on the above-mentioned research question, the G-BA deliberated on the requirements for routine practice data collection and evaluations on the basis of IQWiG's concept and the participation of the expert bodies in the concept.

As part of the submission procedure, alternative derivations for an indicative estimate of patient numbers were submitted in the statement of the pharmaceutical company and in the joint statement of the German Society for Haematology and Medical Oncology (DGHO) and

the German Working Group for Haematopoietic Stem Cell Transplantation and Cellular Therapy (DAG-HSCT). The indicative estimate of patient numbers for the present indication in IQWiG's concept (around 637 to 753 patients in Germany per year) was described by those who made the statements as clearly very high overall. Following review of the submitted derivations, IQWiG conclude in the commissioned addendum to the concept that the information and publications put forward in the submission procedure still do not contain any percentage values that can be used for the percentage of third-line therapy of cGvHD in the German healthcare context. However, in the overall assessment of the available literature and the statements made in the submission procedure, it can probably be assumed that the number of patients aged ≥ 12 years with cGvHD who have received at least 2 prior therapies is an overestimation for the German healthcare context. This fact is taken into account to a greater extent in the addendum by specifying a lower overall range of 409 to 438 patients as an indicative estimate, based on an alternative percentage value for second-line therapy. This estimate is also likely to be an overestimation.

The G-BA consider the potential number of patients in Germany per year to be too low to answer the present research question. This estimate takes into account several special features of the present indication: The patient population shows pronounced heterogeneity due to the patient-individually varying degrees to which different organ systems are affected in the case of cGvHD. Furthermore, due to the lack of validated standard therapies, the current third-line therapy of cGvHD consists of a variety of therapy options, most of which are used off-label. In addition to the approved therapy options of ciclosporin and ruxolitinib, the use of the unapproved therapy options of sirolimus, everolimus, MMF, tacrolimus, ibrutinib, methotrexate, hydroxychloroquine, pentostatin, rituximab and imatinib is medically necessary for patients, who have not responded to the approved therapy options in a previous line of therapy or who are not suitable for these due to comorbidities or intolerances. Since ruxolitinib was approved for the treatment of cGvHD from the second line and above in 2022, its future significance in the third line is also uncertain. Taking this constellation into account, the G-BA assume that the recruitment of patients for the comparator arm of a required RPDC study with marketing authorisation of belumosudil for the third-line therapy of cGvHD would be increasingly difficult.

In the submission procedure, reference was also made to a parallel randomised, open-label phase 3 study with a different active ingredient (axatilimab) compared with the best available therapy in participants with chronic graft-versus-host disease after at least two previous lines of systemic therapy. The aforementioned study was started in June 2025 and the end of the study is scheduled in 2032. There are 17 participating study sites listed in Germany[1]. According to the statement in the written statement procedure, the majority of German transplant centres are participating in this study.

Taking into account the special features of the present indication described above with regard to the lack of a validated standard therapy and the limited number of approved treatment options, the G-BA assume that the parallel RCT will lead to a further limitation of the patients eligible for routine practice data collection of the active ingredient belumosudil.

In view of the limitations described above, it is assumed overall that the number of patients required for the meaningful implementation of the routine practice data collection for the present research question cannot be recruited within a reasonable period of time. Thus, in the specific case at hand, the G-BA come to the conclusion that a routine practice data collection cannot be carried out for the target population despite the existing gaps in the evidence. In the overall assessment, the generation of routine practice data, which would

[1] Study Details | NCT06821542 | A Study to Evaluate Axatilimab Versus Best Available Therapy in Participants With Chronic Graft Versus Host Disease After at Least 2 Prior Lines of Systemic Therapy | ClinicalTrials.gov

improve the existing body of evidence sufficiently for the purpose of the benefit assessment, is considered infeasible in the present case.

The G-BA therefore suspended the consultation on the requirement of routine practice data collection and evaluations of the active ingredient belumosudil in the treatment of chronic graft-versus-host disease.

## 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

In order to prepare a recommendation for a resolution on the initiation of a procedure for the requirement of a routine practice data collection (amendment of Annex XII of AM-RL) according to Section 35a, paragraph 3b SGB V, the Subcommittee on Medicinal Products commissioned a working group (WG routine practice data collection (RPDC)) consisting of the members nominated by the leading organisations of the care providers, the members nominated by the SHI umbrella organisation, and the representatives of the patient organisations. Representatives of the IQWiG also participate in the sessions. In addition, the competent higher federal authority, the Paul Ehrlich Institute, was involved in the consultation to assess the requirement of a routine practice data collection according to Section 35a, paragraph 3b, sentence 1 SGB V.

The recommended resolution on the initiation of a procedure for the requirement of a routine practice data collection was discussed on 11 February 2025 at the subcommittee session and the draft resolution was approved.

At their session on 20 February 2025, the plenum resolved to initiate a procedure for the requirement of a routine practice data collection.

In conjunction with the resolution of 20 February 2025 regarding the initiation of a procedure for the requirement of a routine practice data collection, the G-BA commissioned IQWiG to scientifically develop a concept for routine practice data collection and evaluations for the purpose of preparing a resolution.

IQWiG's concept was submitted to the G-BA on 20 June 2025. On 23 June 2025, the written submission of the expert bodies according to Section 35a, paragraph 3b, sentences 7 and 8 SGB V was initiated. The deadline for making the written submission was 21 July 2025.

The expert consultation within the framework of the submission by the expert bodies took place on 11 August 2025.

The evaluation of the written submissions received and of the expert consultation was discussed at the session of the Subcommittee on 28 October 2025, and the proposed resolution was approved.

At their session on 6 November 2025, the plenary decided on the suspension of consultations on the requirement of routine practice data collection and evaluations.

**Chronological course of consultation**

| Session | Date | Subject of consultation |
|---|---|---|
| WG RPDC | 5 December 2024<br>6 February 2025 | Consultation on the initiation of a procedure for the requirement of a routine practice data collection (amendment of Annex XII of the AM-RL), involvement of the higher federal authority |
| Subcommittee on Medicinal Products | 11 February 2025 | Concluding discussion of the draft resolution |
| Plenum | 20 February 2025 | Resolution on the initiation of a procedure for the requirement of a routine practice data collection (amendment of Annex XII of the AM-RL) |
| WG RPDC | 7 August 2025 | Information on written submissions received, preparation of the expert consultation |
| Subcommittee on Medicinal Products | 11 August 2025 | Implementation of the expert consultation |
| WG RPDC | 4 September 2025<br>2 October 2025<br>20 October 2025 | Consultation on IQWiG's concept and on the specifications for the review of the obligation to conduct and submit evaluations, evaluation of the submission procedure |
| Subcommittee on Medicinal Products | 28 October 2025 | Concluding discussion of the draft resolution |
| Plenum | 6 November 2025 | Resolution on the suspension of the consultation procedure on the requirement of a routine practice data collection |

Berlin, 6 November 2025

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

Prof. Hecken