Gemeinsamer Bundesausschuss

Justification

for 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
Diflunisal (hereditary transthyretin-mediated amyloidosis with stage 1 or stage 2 polyneuropathy)

dated 7 May 2026

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. requirement 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 decide 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 diflunisal on 15 November 2025 in accordance with Chapter 5 Section 8, paragraph 1, number 1, sentence 2 of the Rules of Procedure of the G-BA (VerfO). Pursuant to 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 Rules of Procedure (VerfO), the pharmaceutical company submitted the final dossier to the G-BA on 14 November 2025.

The G-BA commissioned the IQWiG to carry out the assessment of the dossier. The benefit assessment was published on 16 February 2026 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 diflunisal compared to 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 diflunisal.

In the light of the above, and taking into account the statements received and the oral hearing, the G-BA have made 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 Diflunisal (Attrogy) in accordance with the product information

Attrogy is indicated for the treatment of hereditary transthyretin-mediated amyloidosis (hATTR amyloidosis) in adult patients with stage 1 or stage 2 polyneuropathy.

Therapeutic indication of the resolution (resolution of 07.05.2026):

See the approved therapeutic indication

2.1.2 Appropriate comparator therapy

The appropriate comparator therapy was determined as follows:

Adults with hereditary transthyretin-mediated amyloidosis (hATTR amyloidosis) with stage 1 or stage 2 polyneuropathy

Appropriate comparator therapy for diflunisal:

- Vutrisiran

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 according to 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

[1] General Methods, version 8.0 from 19.12.2025. Institute for Quality and Efficiency in Health Care (IQWiG), Cologne.

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 they determine 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 diflunisal, the active ingredients tafamidis (ATTR stage 1 polyneuropathy), eplontersen (hereditary ATTR stage 1 and 2 polyneuropathy), inotersen (hereditary

ATTR stage 1 and 2 polyneuropathy), patisiran (hereditary ATTR stage 1 and 2 polyneuropathy) and vutrisiran (hereditary ATTR stage 1 and 2 polyneuropathy) are approved in this therapeutic indication.

On 2. In principle, liver or heart transplantation is considered as a non-medicinal treatment option in this therapeutic indication.

On 3. For the therapeutic indication of hereditary ATTR amyloidosis with polyneuropathy, the following resolutions on the benefit assessment of medicinal products with new active ingredients according to Section 35a SGB V are available:

- Inotersen (resolution of 22 March 2019)
- Tafamidis (resolution of 20 May 2021)
- Vutrisiran (resolution of 6 April 2023)
- Patisiran (resolution of 16 May 2024)
- Eplontersen (resolution of 16.10.2025)

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 therapeutic indication according to Section 35a paragraph 7 SGB V.

The TTR silencers vutrisiran, patisiran, inotersen and eplontersen are approved for the treatment of hereditary ATTR amyloidosis in adult patients with symptomatic stage 1 or stage 2 polyneuropathy. In addition, the TTR stabiliser tafamidis is approved for use in ATTR amyloidosis with symptomatic stage 1 polyneuropathy only. Overall, the body of evidence in the present therapeutic indication is limited. Two guidelines[2] were identified for the treatment of adults with hereditary transthyretin-mediated amyloidosis with stage 1 or stage 2 polyneuropathy; however, they do not fully meet methodological requirements, but are used as supplementary reference in the absence of higher-quality evidence. These recommend therapy with the approved disease-modifying medicinal products in the present therapeutic indication, with TTR silencers being preferred over the TTR stabiliser.

In accordance with the written statement from the German Neurological Society (DGN) and the comments made by clinical experts during the oral hearing, TTR silencers are preferably used over the TTR stabiliser in this therapeutic indication, with the two TTR silencers, vutrisiran and eplontersen, being primarily used.

[2] Condoluci A, Theaudin M, Schwotzer R, Pazhenkottil AP, Arosio P, Averaimo M, et al. Management of transthyretin amyloidosis. Swiss Med Wkly 2021;151:w30053.

Karam C, Mauermann ML, Gonzalez-Duarte A, Kaku MC, Ajroud-Driss S, Brannagan TH, et al. Diagnosis and treatment of hereditary transthyretin amyloidosis with polyneuropathy in the United States: recommendations from a panel of experts. Muscle Nerve 2024;69(3):273-287.

A minor additional benefit of vutrisiran over patisiran was identified in the benefit assessment. An additional benefit of patisiran over vutrisiran was found to be minor. A non-quantifiable additional benefit of inotersen (inotersen vs placebo) was determined in the orphan drug benefit assessment. In the absence of direct comparator data, no additional benefit of the active ingredients tafamidis and eplontersen compared with the appropriate comparator therapy could be identified.

The treatment decision to perform a liver or heart transplant strongly depends on a patient-individual risk-benefit assessment and is also only considered for patients who fulfil defined criteria regarding their severity of the disease, general condition and age. Furthermore, the DGN no longer considers orthotopic liver transplant to be of any significance, given the availability of modern medicinal alternatives.

Based on the evidence in this therapeutic indication and taking into account the comparisons assessed in the early benefit assessment, the active ingredient vutrisiran is determined as the appropriate comparator therapy in the overall assessment of diflunisal for the treatment of hereditary transthyretin-mediated amyloidosis in adult patients with symptomatic stage 1 or stage 2 polyneuropathy.

The active ingredient inotersen is not considered part of the appropriate comparator therapy due to its efficacy and safety profile and its low significance in the German medical treatment practice. The active ingredient tafamidis is also not (no longer) regarded as an equally appropriate therapy option, as it is only used as a secondary treatment option in comparison to vutrisiran in German medical treatment practice. The active ingredient patisiran is also not an equally appropriate therapy option, in particular due to its lower benefit compared to vutrisiran. The active ingredient eplontersen is a new treatment option in the present therapeutic indication and its therapeutic significance cannot be conclusively assessed (marketing authorisation on 6 March 2025). By the G-BA resolution of 16 October 2026, no additional benefit of the active ingredient eplontersen compared with the appropriate comparator therapy could be identified due to a lack of comparator data. For the present resolution, eplontersen is not determined to be an appropriate comparator therapy.

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

Any change to the appropriate comparator therapy requires a decision by the G-BA based on a prior review of the criteria set out in Chapter 5 Section 6, paragraph 3 VerfO.

2.1.3 Extent and probability of the additional benefit

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

The additional benefit is not proven for adults with hereditary transthyretin-mediated amyloidosis with stage 1 or stage 2 polyneuropathy.

Justification:

In their dossier for the assessment of the additional benefit of diflunisal, the pharmaceutical company did not present any direct comparator data versus the appropriate comparator therapy.

The pharmaceutical company additionally presented the label-enabling H-23750 study. The H-23750 study is a randomised, double-blind, placebo-controlled phase 3 study. The administration of placebo in the comparator arm of the H-23750 study does not correspond to the appropriate comparator therapy. The study presented is thus unsuitable for the assessment of an additional benefit due to the lack of comparison with the appropriate comparator therapy.

Overall, based on the study presented, an additional benefit of diflunisal over the appropriate comparator therapy is not proven for adults with hereditary transthyretin-mediated amyloidosis with stage 1 or stage 2 polyneuropathy.

2.1.4 Summary of the assessment

The present assessment concerns the benefit assessment of the new medicinal product Attrogy with the active ingredient diflunisal.

Diflunisal is approved for the treatment of hereditary transthyretin-mediated amyloidosis (hATTR amyloidosis) with stage 1 or stage 2 polyneuropathy.

The G-BA determined the active ingredient vutrisiran as the appropriate comparator therapy.

The label-enabling H-23750 study is a randomised, double-blind, placebo-controlled phase 3 study. The administration of placebo in the comparator arm of the H-23750 study does not correspond to the implementation of the appropriate comparator therapy in the present therapeutic indication.

Due to the lack of comparison with the appropriate comparator therapy, the data presented are unsuitable for deriving an additional benefit.

Accordingly, an additional benefit of diflunisal over the appropriate comparator therapy is not proven for adults with hereditary transthyretin-mediated amyloidosis with stage 1 or stage 2 polyneuropathy.

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 pharmaceutical company submitted a range for the number of patients in the dossier, with the calculation of the lower limit following the literature approach. However, the determination of the cases in the underlying literature is not adequately described and therefore not comprehensible. The upper limit was calculated using the routine data approach and is based on the preliminary resolution on eplontersen[3] from 2025 in this therapeutic indication. The stated number of patients in the SHI target population is subject to uncertainty

[3] Resolution on eplontersen from 16 October 2025

overall. Nevertheless, the calculation using the routine data approach stated by the pharmaceutical company is considered plausible.

Especially with regard to the changed treatment setting and the identification of undetected ATTR amyloidoses, a higher number in the target population may result.

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 Attrogy (active ingredient: diflunisal) at the following publicly accessible link (last access: 12 February 2026):

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

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 March 2026). The calculation of treatment costs is generally based on the last revised LAUER-TAXE® version following the publication of the benefit assessment.

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.

Adults with hereditary transthyretin-mediated amyloidosis (hATTR amyloidosis) with stage 1 or stage 2 polyneuropathy

Treatment period:

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 is different 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.

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Medicinal product to be assessed:				
Diflunisal	Continuously, 2 x daily	730.0	1	365.0
Appropriate comparator therapy				
Vutrisiran	Continuously, 1 x every 3 months	4.0	1	4.0

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:					
Diflunisal	250 mg	500 mg	2 x 250 mg	365.0	730 x 250 mg
Appropriate comparator therapy					
Vutrisiran	25 mg	25 mg	1 x 25 mg	4.0	4 x 25 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:					
Diflunisal 250 mg	100 FCT	€ 13,490.10	€ 1.77	€ 767.13	€ 12,721.20
Appropriate comparator therapy					
Vutrisiran 25 mg	1 SFI	€ 39,561.31	€ 1.77	€ 2,258.76	€ 37,300.78
Abbreviations: FCT = film-coated tablets; SFI = solution for injection					

LAUER-TAXE® last revised: 1 March 2026

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.

According to the product information, patients receiving vutrisiran should be administered daily oral vitamin A supplementation at a dosage of approximately 2,500 IU to 3,000 IU, or 2,500 IU per day. Vitamin A is not reimbursable, accordingly it is not considered in the cost representation.

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

2.5 Designation of medicinal products with new active ingredients according to Section 35a, paragraph 3, sentence 4 SGB V that can be used in a combination therapy with the assessed medicinal product

According to Section 35a, paragraph 3, sentence 4, the G-BA 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 data from the product 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 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 statutory 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:

Adults with hereditary transthyretin-mediated amyloidosis (hATTR amyloidosis) with stage 1 or stage 2 polyneuropathy

No medicinal product with new active ingredients for use in combination therapy in compliance with the requirements of Section 35a, paragraph 3, sentence 4 SGB V.

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

The medicinal product Attrogy is a medicinal product placed on the market from 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 the 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.

The calculation is based on all studies that were submitted as part of the benefit assessment dossier in the therapeutic indication to be assessed in accordance with Section 35a, paragraph 1, sentence 3 SGB V in conjunction with Section 4, paragraph 6 AM-NutzenV.

Approval studies include all studies submitted to the regulatory authority in section 2.7.3 (Summary of Clinical Efficacy) and 2.7.4 (Summary of Clinical Safety) of the authorisation dossier in the therapeutic indication for which marketing authorisation has been applied for. In addition, studies, which were conducted in whole or in part within the therapeutic indication described in this document, and in which the company was a sponsor or is otherwise financially involved, must also be indicated.

The percentage of study participants in the clinical studies of the medicinal product conducted or commissioned by the pharmaceutical company in the therapeutic indication to be assessed who participated at study sites within the scope of SGB V (German Social Security Code) is < 5% (0%) of the total number of study participants according to the information provided by the pharmaceutical company.

In the dossier, the pharmaceutical company took the data from the H-23750 study as the basis.

The clinical studies of the medicinal product in the therapeutic indication to be assessed were therefore not conducted to a relevant percentage 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 October 2025, the Subcommittee on Medicinal Products determined the appropriate comparator therapy.

On 14 November 2025, the pharmaceutical company submitted a dossier for the benefit assessment of diflunisal to the G-BA in due time in accordance with Chapter 5 Section 8, paragraph 1, number 1, sentence 2 VerfO.

By letter dated 14 November 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 diflunisal.

The dossier assessment by the IQWiG was submitted to the G-BA on 6 February 2026, and the written statement procedure was initiated with publication on the G-BA website on 16 February 2026. The deadline for submitting statements was 9 March 2026.

The oral hearing was held on 23 March 2026.

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 were discussed at the session of the Subcommittee on 28 April 2026, and the draft resolution was approved.

At their session on 7 May 2026, the plenum adopted a resolution to amend the Pharmaceuticals Directive.

Chronological course of consultation

Session	Date	Subject of consultation
Subcommittee on Medicinal Products	7 October 2025	Determination of the appropriate comparator therapy
Working group Section 35a	17 March 2026.	Information on written statements received; preparation of the oral hearing
Subcommittee on Medicinal Products	23 March 2026	Conduct of the oral hearing
Working group Section 35a	31 March 2026 14 April 2026	Consultation on the dossier assessment by the IQWiG and evaluation of the written statement procedure
Subcommittee on Medicinal Products	28 April 2026	Concluding discussion of the draft resolution
Plenum	7 May 2026	Adoption of the resolution on the amendment of the Pharmaceuticals Directive

Berlin, 7 May 2026

Federal Joint Committee
in accordance with Section 91 SGB V
The Chair

Prof. Hecken