Justification

Gemeinsamer Bundesausschuss

to the Resolution of the Federal Joint Committee (G-BA) on an Amendment of the Pharmaceuticals Directive (AM-RL): Annex XII – Benefit Assessment of Medicinal Products with New Active Ingredients According to Section 35a SGB V Cemiplimab

of 6 February 2020

Contents

1. Legal basis

According to Section 35a, paragraph 1 German Social Code, Book Five (SGB V), the Federal Joint Committee (G-BA) assesses the benefit of reimbursable medicinal products with new active ingredients. 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 trials the pharmaceutical company has conducted or commissioned, at the latest at the time of the first placing on the market as well as the marketing authorisation of new therapeutic indications of the medicinal product, and which must contain the following information in particular:

1. Approved therapeutic indications,
2. Medical benefit,
3. Additional medical benefit in relation to the appropriate comparator therapy,
4. Number of patients and patient groups for whom there is a therapeutically significant additional benefit,
5. Treatment costs for 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 shall pass a resolution on the benefit assessment within three months of its publication. The resolution is to be published on the internet and forms part of the Pharmaceuticals Directive.

2. Key points of the resolution

The relevant date for the first placing on the market of the active ingredient cemiplimab in accordance with Chapter 5, Section 8, paragraph 1, number 1, sentence 2 of the Rules of Procedure of the G-BA (VerfO) is 1 August 2019. The pharmaceutical company submitted the final dossier to the G-BA in accordance with Section 4, paragraph 3, number 1 of the Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV) in conjunction with Chapter 5, Section 8, paragraph 1, number 1 VerfO on 1 August 2019.

The G-BA commissioned the IQWiG to carry out the assessment of the dossier. The benefit assessment was published on 1 November 2019 on the website of the G-BA (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 cemiplimab compared with the appropriate comparator therapy could be determined on the basis of the dossier of the pharmaceutical company, the dossier assessment prepared by the IQWiG, and the statements submitted in the written statement and oral hearing procedure. In order to determine the extent of the additional benefit, the G-BA has evaluated the data justifying the finding of an additional benefit on the basis of their therapeutic relevance (qualitative), in accordance with the criteria laid down in Chapter 5, Section 5, paragraph 7 VerfO. The methodolo-

gy proposed by the IQWiG in accordance with the General Methods [1] was not used in the benefit assessment of cemiplimab.

In the light of the above and taking into account the statements received and the oral hearing, the G-BA has arrived at 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 cemiplimab (Libtayo®) in accordance with the product information

LIBTAYO as monotherapy is indicated for the treatment of adult patients with metastatic or locally advanced cutaneous squamous cell carcinoma who are not candidates for curative surgery or curative radiation.

2.1.2 Appropriate comparator therapy

The appropriate comparator therapy for cemiplimab was determined as follows:

a) Adult patients with metastatic or locally advanced cutaneous squamous cell carcinoma who are not candidates for curative surgery or curative radiation; who have not yet received any previous medicinal therapy

A systemic antineoplastic therapy according to the doctor's instructions

b) Adult patients with metastatic or locally advanced cutaneous squamous cell carcinoma who are not candidates for curative surgery or curative radiation; whose cancer has progressed after prior medicinal therapy

Best supportive care

Criteria according to Chapter 5, Section 6 of the Rules of Procedure of the G-BA:

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 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 Federal Joint Committee 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.

[1] General Methods, Version 5.0 dated 10 July 2017. Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen [Institute for Quality and Efficiency in Health Care], Cologne.

Justification based on the criteria set out in Chapter 5, Section 6, paragraph 3 VerfO:

On 1. No approved medicinal products are available for the treatment of metastatic cutaneous squamous cell carcinoma or locally advanced squamous cell carcinoma.

On 2. Non-medicinal treatment is not considered for the present therapeutic indication.

On 3. For the planned therapeutic indication of the active ingredient Cemiplimab, there are no resolutions or guidelines of the G-BA available for medicinal or non-medicinal treatments.

On 4. The generally accepted state of medical knowledge for the indication was established by means of a search for guidelines as well as systematic reviews of clinical studies.

Accordingly, the evidence for treatment options in the present therapeutic situation is quite limited overall.

No medicinal products are approved for the treatment of cutaneous squamous cell carcinoma. The active ingredients mentioned in the therapy recommendations are also not approved for the treatment of cutaneous squamous cell carcinoma.

Surgery and radiotherapy are generally considered as non-medicinal therapies for the treatment of cutaneous squamous cell carcinoma. However, for the patients in the present therapeutic indication, it was assumed that, in addition to resection, radiotherapy with curative objectives was no longer an option at the time of the therapeutic decision for cemiplimab and that treatment would be palliative. The implementation of a resection or radiotherapy as a palliative patient-individual therapy option for symptom control remains unaffected.

Based on the available, albeit limited, evidence, different appropriate comparator therapies were determined for patients who have not yet received previous medicinal therapy and for patients whose cancer has progressed after prior medicinal therapy.

a) Patients who have not yet received previous medicinal therapy

The guidelines contain recommendations for non-approved polychemotherapy and monotherapy. Therapies containing 5-fluorouracil and platinum are mentioned as well as regimes with methotrexate, bleomycin, cetuximab, and checkpoint inhibitors, among others.

The recommendations mainly refer to patients who have not yet received any previous medicinal therapy. No therapy option can be named as a standard therapy that would be regularly preferable to other therapy options in terms of care.

In the written statements on the present benefit assessment, clinical experts explained that patients with remote metastases are often offered platinum-based chemotherapy, mostly in combination with 5-FU. Patients who are not eligible for platinum-based chemotherapy are sometimes treated with the EGFR antibody cetuximab or an anti-EGFR tyrosine kinase inhibitor. However, there are no prospective studies on these treatment options.

Because it is not possible to derive a standard therapy, a systemic anti-neoplastic therapy according to the doctor's instructions is considered to be an appropriate comparator therapy for patients in the present therapeutic indication who have not yet received any previous medicinal therapy.

Monotherapy with cisplatin is not supported by appropriate data in this therapeutic indication.

b) Patients whose cancer has progressed after prior medicinal therapy

For the treatment of patients whose cancer has progressed after prior medicinal therapy, no concrete therapy recommendation for a (further) anti-neoplastic therapy can be derived from the evidence available.

According to the written statements of clinical experts in the context of the present benefit assessment, there is a collective of elderly patients who have also been pre-treated and who exhibit comorbidities. A further specific systemic therapy is usually no longer considered for these patients.

Furthermore, in pre-treated patients, the low response rate compared with further therapy must be taken into account.

Further treatment therefore regularly addresses the best possible, patient-individual supportive treatment to alleviate symptoms and improve the quality of life, which is why best supportive care is a suitable appropriate comparator therapy.

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

2.1.3 Extent and probability of the additional benefit

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

a) Adult patients with metastatic or locally advanced cutaneous squamous cell carcinoma who are not candidates for curative surgery or curative radiation; who have not yet received any previous medicinal therapy

For the treatment of adult patients with metastatic or locally advanced cutaneous squamous cell carcinoma who are not candidates for curative surgery or curative radiation and who have not yet received any previous medicinal therapy, an additional benefit is not proven.

Justification:

In order to demonstrate an additional benefit of cemiplimab for the treatment of metastatic or locally advanced cutaneous squamous cell carcinoma, the pharmaceutical company presents a non-adjusted indirect comparison of individual arms of the R2810-ONC-1540 and Hillen studies.

Study R2810-ONC-1540 is an ongoing, open, uncontrolled, multi-centre Phase II study of cemiplimab. The study comprises six groups in which different dosages of cemiplimab are being investigated. According to the inclusion criteria, the study examined adults with invasive cutaneous squamous cell carcinoma (cSCC), differentiating between locally advanced cSCC (lacSCC) and metastatic cSCC (mcSCC). Only patients with an Eastern Cooperative Oncology Group - Performance Status (ECOG-PS) of 0 or 1 were included. Study R2810-ONC-1540 is being conducted in Australia, Germany, and the US. For the benefit assessment, the pharmaceutical company presented Group 3, in which cemiplimab was administered in the dosage in compliance with the marketing authorisation; only patients with mcSCC were included. For the present benefit assessment, the last data cut-off for Group 3 (20 September 2018) was used.

Furthermore, the pharmaceutical company presents data from the publication of Hillen et al., 2018 in which a retrospective, non-interventional cohort study of the Dermatologic Cooperative Oncology Group is described. This study included all patients with an advanced cSCC diagnosed for the first time who were treated in 24 centres in Germany and Austria between January 2010 and December 2011. The pharmaceutical company considers only patients from this study treated systemically with mono- or combination (chemo)therapies. There was no restriction to a specific ECOG-PS. Data on overall survival, disease status, objective response rate, duration of response, and time to disease progression were available for the patients. A one-off follow-up was carried out in May 2014.

If the mono- or combination (chemo)therapies described in the documents submitted have not been used in compliance with the marketing authorisation, it is not possible to draw any conclusions about their usefulness in the form of application beyond the scope of the approval in the standard care of insured persons in the SHI system. Such an assessment would be reserved for the decision according to Section 35c SGB V.

For the overall survival endpoint, the pharmaceutical company submits the number of events that occurred during the course of the study. However, because of different observation periods, these cannot be compared in a meaningful way. Furthermore, survival rates at different points in time were presented; these were estimated using the Kaplan-Meier method in the respective study arms. Based on the results presented, no statistically significant difference was found at any time.

The comparison of individual arms from different studies is associated with a high uncertainty of results. For this reason, statements on an additional benefit can be derived only if the effects are sufficiently large. The effect estimates for overall survival presented here are not sufficiently large to be caused by systematic bias alone. It is therefore not possible to derive an additional benefit for the overall survival endpoint on the basis of the results available. Further comparisons for the patient-relevant outcomes symptomatology, health-related quality of life, and adverse events were not presented.

Furthermore, the formation of the sub-population in the Hillen study is not comprehensible because only the publication and not the patient-individual data were available for the benefit assessment. Moreover, the patient populations of the two studies presented differ in some patient characteristics. Immunosuppressed patients were excluded from the R2810-ONC-1540 study; in the Hillen study, 12% of the patients included were immunosuppressed.

It is not possible to assess the additional benefit based on this data basis. The non-adjusted indirect comparison presented by the pharmaceutical company is not suitable for deriving an additional benefit. Thus, an additional benefit is not proven.

b) Adult patients with metastatic or locally advanced cutaneous squamous cell carcinoma who are not candidates for curative surgery or curative radiation; whose cancer has progressed after prior medicinal therapy

For the treatment of adult patients with metastatic or locally advanced cutaneous squamous cell carcinoma who are not candidates for curative surgery or curative radiation and whose cancer has progressed after prior medicinal therapy, an additional benefit is not proven.

Justification:

The pharmaceutical company divides sub-population b) into two sub-groups (patients who are still eligible for medicinal therapy and patients who are eligible for best supportive care) and considers a systemic anti-neoplastic therapy according to the doctor's instructions as an appropriate comparator therapy for one sub-group. In contrast, the G-BA determined best supportive care to be an appropriate comparator therapy in the entire sub-population b). There is thus no adequate implementation of the defined appropriate comparator therapy. For the entire sub-population b), there are therefore no suitable data available for assessing the additional benefit of cemiplimab compared with the appropriate comparator therapy, best supportive care.

2.1.4 Summary of the assessment

The present assessment concerns the benefit assessment of the new medicinal product Libtayo with the active ingredient cemiplimab. Cemiplimab as monotherapy is indicated for the treatment of adult patients with metastatic or locally advanced cutaneous squamous cell carcinoma who are not candidates for curative surgery or curative radiation.

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

a) Adult patients with metastatic or locally advanced cutaneous squamous cell carcinoma who are not candidates for curative surgery or curative radiation; who have not yet received any previous medicinal therapy

b) Adult patients with metastatic or locally advanced cutaneous squamous cell carcinoma who are not candidates for curative surgery or curative radiation; whose cancer has progressed after prior medicinal therapy

About patient group a)

The appropriate comparator therapy was determined by the G-BA as follows:

A systemic antineoplastic therapy according to the doctor's instructions

For this patient group, the pharmaceutical company presents a non-adjusted indirect comparison of individual arms from the open, non-controlled Phase II study R2810-ONC-1540 and the retrospective, non-interventional Hillen cohort study (2018). For the benefit assessment, the pharmaceutical company uses Group 3 of the R2810-ONC-1540 study in which cemiplimab was administered in the dosage in compliance with the marketing authorisation; only patients with mcSCC and ECOG-PS 0 or 1 were included. He compares this group from the Hillen study with advanced cSCC patients diagnosed for the first time who were systemically treated with mono- or combination (chemo)therapies and had no limitation regarding ECOG-PS.

If the mono- or combination (chemo)therapies described in the documents submitted have not been used in compliance with the marketing authorisation, it is not possible to draw any conclusions about their usefulness in the form of application beyond the scope of the approval in the standard care of insured persons in the SHI system. Such an assessment would be reserved for the decision according to Section 35c SGB V.

Based on the results available and their possible systematic bias, it is not possible to derive an additional benefit for the overall survival endpoint. Further comparisons for the patient-relevant outcomes symptomatology, health-related quality of life, and adverse events were not presented.

It is not possible to assess the additional benefit based on this data basis. The non-adjusted indirect comparison presented by the pharmaceutical company is not suitable for deriving an additional benefit. Thus, an additional benefit is not proven.

About patient group b)

The appropriate comparator therapy was determined by the G-BA as follows:

Best supportive care

The pharmaceutical company does not provide any suitable data available for assessing the additional benefit of cemiplimab compared with the appropriate comparator therapy, best supportive care. The additional benefit cannot be assessed based on the evidence provided. Thus, an additional benefit is not proven.

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

a) Adult patients with metastatic or locally advanced cutaneous squamous cell carcinoma who are not candidates for curative surgery or curative radiation; who have not yet received any previous medicinal therapy

and

b) Adult patients with metastatic or locally advanced cutaneous squamous cell carcinoma who are not candidates for curative surgery or curative radiation; whose cancer has progressed after prior medicinal therapy

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

The G-BA bases its resolution on the information from the dossier of the pharmaceutical company. The procedure of the pharmaceutical company is mathematically plausible. However, it should be noted that the patient numbers presented are an underestimate. This is because the baseline of patients newly diagnosed with cSCC is too low. First, no extrapolation of the incidence rates to 2017 was carried out. Second, two patient groups were neglected. Furthermore, further calculation steps are subject to uncertainty because of obsolete data. Furthermore, proportional values from clinical studies were used to divide the patient population into sub-population a) and b). However, these are only suitable to a limited extent because of the selectivity of the study population.

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 LIBTAYO® (active ingredient: cemiplimab at the following publicly accessible link (last access: 4 November 2019):

https://www.ema.europa.eu/documents/product-information/libtayo-epar-product-information_de.pdf

Treatment with cemiplimab should only be initiated and monitored by specialists in internal medicine, haematology, and oncology, specialists in skin and venereal diseases, and specialists participating in the Oncology Agreement who are experienced in the treatment of patients with cutaneous squamous cell carcinoma.

According to the requirements for risk minimisation activities in the EPAR (European Public Assessment Report), the pharmaceutical company must provide the following information material on cemiplimab:

− Information brochure for patients
− Patient pass

This medicinal product was approved under “special conditions”. This means that further evidence of the benefit of the medicinal product is anticipated. The European Medicines Agency (EMA) will evaluate new information on this medicinal product at a minimum once per year and update the product information where necessary.

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 January 2020).

If no maximum treatment duration is specified in the product information, the treatment duration is assumed to be one year, even if the actual treatment duration varies from patient to patient and/or is shorter on average.

Costs of the appropriate comparator therapy

a) Adult patients with metastatic or locally advanced cutaneous squamous cell carcinoma who are not candidates for curative surgery or curative radiation; who have not yet received any previous medicinal therapy

Overall, the evidence for therapeutic options in the treatment of patients with cutaneous squamous cell carcinoma is extremely limited. No medicinal products are approved for the

treatment of cutaneous squamous cell carcinoma. The active ingredients mentioned in the therapy recommendations are also not approved for the treatment of cutaneous squamous cell carcinoma. A systemic antineoplastic therapy according to the doctor's instructions is considered to be an appropriate comparator therapy.

For the cost presentation of the appropriate comparator therapy "systemic anti-neoplastic therapy according to the doctor's instructions", no specification is possible. This is because no medicinal products are approved for the present therapeutic indication. Treatment costs for non-approved medicinal products are stated only in the case of a positive assessment in accordance with Section 35c SGB V in conjunction with Annex VI of the Pharmaceuticals Directive.

b) Adult patients with metastatic or locally advanced cutaneous squamous cell carcinoma who are not candidates for curative surgery or curative radiation; whose cancer has progressed after prior medicinal therapy

Patients in patient group b), whose cancer has progressed after prior medicinal therapy, receive best supportive care. The treatment costs for best supportive care are different for each individual patient.

Because best supportive care has been determined as an appropriate comparator therapy, this is also reflected in the medicinal product to be assessed.

The type and scope of best supportive care can vary depending on the medicinal product to be assessed and the comparator therapy.

Treatment duration:

Designation of the therapy	Treatment mode	Number of treatments/patient/year	Treatment duration/treatment (days)	Treatment days/patient/year
Patient population a)				
Medicinal product to be assessed				
Cemiplimab	1 × every 3 weeks	17	1	17
Appropriate comparator therapy				
A systemic antineoplastic therapy according to the doctor's instructions	No specification possible			
Patient population b)				
Medicinal product to be assessed				
Cemiplimab	1 × every 3 weeks	17	1	17
Best supportive care	different for each individual patient			
Appropriate comparator therapy				
Best supportive care	different for each individual patient			

Usage and consumption:

Designation of the therapy	Dosage/ application	Dosage/patient/treatment days	Consumption by potency/treatment day	Treatment days/ patient/ year	Mean annual consumption by potency
Patient population a)					
Medicinal product to be assessed					
Cemiplimab	350 mg	350 mg	1 × 350 mg	17	17 × 350 mg
Appropriate comparator therapy					
A systemic antineoplastic therapy according to the doctor's instructions	No specification possible				
Patient population b)					
Medicinal product to be assessed					
Cemiplimab	350 mg	350 mg	1 × 350 mg	17	17 × 350 mg
Best supportive care	different for each individual patient				
Appropriate comparator therapy					
Best supportive care	different for each individual patient				

Costs:

In order to improve comparability, the costs of the medicinal products were approximated both on the basis of the pharmacy retail price level and also deducting the statutory rebates in accordance with Sections 130 and 130 a 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.

Costs of the medicinal product:

Designation of the therapy	Package size	Costs (pharmacy selling price)	Rebate Section 130 SGB V	Rebate Section 130a SGB V	Costs after deduction of statutory rebates
Patient population a)					
Medicinal product to be assessed					
Cemiplimab	1 IFC	€ 7,623.32	€ 1.77	€ 432.09	€ 7,189.46
Appropriate comparator therapy					
A systemic antineoplastic therapy according to the doctor's instructions	No specification possible				
Patient population b)					

Designation of the therapy	Pack-age size	Costs (pharmacy selling price)	Rebate Section 130 SGB V	Rebate Section 130a SGB V	Costs after deduction of statutory re-bates
Medicinal product to be assessed					
Cemiplimab	1 IFC	€ 7,623.32	€ 1.77	€ 432.09	€ 7,189.46
Best supportive care	different for each individual patient				
Appropriate comparator therapy					
Best supportive care	different for each individual patient				
Abbreviations: IFC = Concentrate for the preparation of an infusion solution					

Pharmaceutical retail price (LAUER-TAXE®) as last revised: 15 January 2020

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 standard expenditure in the course of the treatment are not shown.

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

Other services covered by SHI funds:

The special agreement on contractual unit costs of retail pharmacist services (Hilfstaxe; contract on price formation for substances and preparations of substances) is not fully used to calculate costs. Alternatively, the pharmacy selling 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 special agreement on contractual unit costs of retail pharmacist services [Hilfstaxe"] (last revised: arbitral award to determine the mg prices for parenteral preparations from proprietary medicinal products in oncology in the Hilfstaxe according to Section 129, paragraph 5c, sentences 2–5 SGB V of 19 January 2018), surcharges for the production of parenteral preparations containing cytostatic drugs of a maximum of € 81 per ready-to-use preparation and for the production of parenteral solutions containing monoclonal antibodies of a maximum of € 71 per ready-to-use unit shall be payable. These additional costs are not added to the pharmacy retail price but rather follow the rules for calculating the Hilfstaxe. The cost representation is based on the pharmacy retail price and the maximum surcharge for production 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 ingredients, the invoicing of discards, and the calculation of application containers and carrier solutions according to the regulations of Annex 3 of the Hilfstaxe.

3. Bureaucratic costs

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

The Subcommittee on Medicinal Products determined the appropriate comparator therapy at its session on 8 May 2018.

After the positive opinion was issued, the appropriate comparator therapy determined by the G-BA was reviewed. In its session on 14 May 2019, working group 35a adjusted the therapeutic indication after granting the positive opinion.

On 1 August 2019, the pharmaceutical company submitted a dossier for the benefit assessment of cemiplimab to the G-BA in due time in accordance with Chapter 5, Section 8, paragraph 1, number 1, sentence 2 VerfO.

By letter dated 1 August 2019 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 cemiplimab.

The dossier assessment by the IQWiG was submitted to the G-BA on 30 October 2019, and the written statement procedure was initiated with publication on the website of the G-BA on 1 November 2019. The deadline for submitting written statements was 22 November 2019.

The oral hearing was held on 10 December 2019.

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 January 2020, and the proposed resolution was approved.

At its session on 6 February 2020, the plenum adopted a resolution to amend the Pharmaceuticals Directive.

Chronological course of consultation

Session	Date	Subject of consultation
Subcommittee Medicinal Products	8 May 2018	Determination of the appropriate comparator therapy
Working group Section 35a	14 May 2019	Review of the appropriate comparator therapy
Working group Section 35a	4 December 2019	Information on written statements received; preparation of the oral hearing
Subcommittee Medicinal Products	10 December 2019	Conduct of the oral hearing
Working group Section 35a	18 December 2019 15 January 2020 22 January 2019	Consultation on the dossier evaluation by the IQWiG, evaluation of the written statement procedure
Subcommittee Medicinal Products	28 January 2020	Concluding consultation of the proposed resolution
Plenum	6 February 2020	Adoption of the resolution on the amendment of Annex XII of the AM-RL

Berlin, 6 February 2020

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

Prof. Hecken