Gemeinsamer Bundesausschuss

Justification

of 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

Imlifidase (desensitisation in kidney transplantation)

of 2 September 2021

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.

For medicinal products for the treatment of a rare disease (orphan drugs) that are approved according to Regulation (EC) No. 141/2000 of the European Parliament and the Council of 16 December 1999, the additional medical benefit is considered to be proven through the grant of the marketing authorisation according to Section 35a paragraph 1, sentence 11, 1st half of the sentence German Social Code, Book Five (SGB V). Evidence of the medical benefit and the additional medical benefit in relation to the appropriate comparator therapy do not have to be submitted (Section 35a, paragraph 1, sentence 11, 2nd half of the sentence SGB V). Section 35a, paragraph 1, sentence 11, 1st half of the sentence SGB V thus guarantees an additional benefit for an approved orphan drug, although an evaluation of the orphan drug in accordance with the principles laid down in Section 35a paragraph 1, sentence 3, No. 2 and 3 SGB V in conjunction with Chapter 5 Sections 5 et seq. of the Rules of Procedure (VerfO) of the G-BA has not been carried out. In accordance with Section 5, paragraph 8 AM-NutzenV, only the extent of the additional benefit is quantified, indicating the evidence's significance.

However, the restrictions on the benefit assessment of orphan drugs resulting from the statutory obligation to the marketing authorisation do not apply if the turnover of the medicinal product with the SHI at pharmacy sales prices and outside the scope of SHI-accredited medical care, including VAT exceeds €50 million in the last 12 calendar months. According to Section 35a paragraph 1, sentence 12 SGB V, the pharmaceutical company must then, within three months of being requested to do so by the G-BA, submit evidence according to Chapter 5, Section 5, subsection 1–6 VerfO, in particular regarding the additional medical benefit in relation to the appropriate comparator therapy as defined by the G-BA according to Chapter 5 Section 6 VerfO and prove the additional benefit in comparison with the appropriate comparator therapy.

In accordance with Section 35a paragraph 2 SGB V, the G-BA decides whether to carry out the benefit assessment itself or to commission the Institute for Quality and Efficiency in Health Care (IQWiG). Based on the legal requirement in Section 35a paragraph 1 sentence 11 SGB V that the additional benefit of an orphan drug is considered to be proven through the grant of the marketing authorisation, the G-BA modified the procedure for the benefit assessment of orphan drugs at its session on 15 March 2012 to the effect that, for orphan drugs, the G-BA initially no longer independently determines an appropriate comparator therapy as the basis for the solely legally permissible assessment of the extent of an additional benefit to be assumed by law. Instead, the extent of the additional benefit is assessed exclusively on the basis of the marketing authorisation studies by the G-BA, indicating the significance of the evidence.

Accordingly, at its session on 15 March 2012, the G-BA amended the mandate issued to the IQWiG by the resolution of 1 August 2011 for the benefit assessment of medicinal products with new active ingredients in accordance with Section 35a paragraph 2 SGB V to that effect that, in the case of orphan drugs, the IQWiG is only commissioned to carry out a benefit assessment in the case of a previously defined comparator therapy when the sales volume of

the medicinal product concerned has exceeded the legal limit of €50 million and is therefore subject to an unrestricted benefit assessment (cf. Section 35a paragraph 1, sentence 12 SGB V). According to Section 35a paragraph 2 SGB V, the assessment by the G-BA 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 forms part of the Pharmaceuticals Directive.

2. Key points of the resolution

The relevant date for the first placing on the (German) market of the combination of active ingredient imlifidase in accordance with Chapter 5, Section 8, paragraph 1, number 1, sentence 2 of the Rules of Procedure of the G-BA (VerfO) is 15 March 2021. 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 15 March 2021.

Imlifidase for desensitisation in kidney transplantation) is approved as a medicinal product for the treatment of a rare disease under Regulation (EC) No 141/2000 of the European Parliament and the Council of 16 December 1999.

In accordance with section 35a, paragraph 1, sentence 11, 1st half of the sentence German Social Code, Book Five (SGB V), the additional benefit is considered to be proven through the grant of the marketing authorisation. The extent of the additional benefit and the significance of the evidence are assessed on the basis of the marketing authorisation studies by the G-BA.

The G-BA carried out the benefit assessment and commissioned the IQWiG to evaluate the information provided by the pharmaceutical company in Module 3 of the dossier on treatment costs and patient numbers. The benefit assessment was published on 15 June 2021 together with the IQWiG assessment on the G-BA website (www.g-ba.de), thus initiating the written statement procedure. In addition, an oral hearing was also held.

The G-BA made its resolution on the basis of the pharmaceutical company's dossier, the dossier assessment carried out by the G-BA, the IQWiG assessment of treatment costs and patient numbers (IQWiG G21-09) and the statements made in the written statements and oral hearing process, as well of the amendment drawn up by the G-BA on the benefit assessment.

In order to determine the extent of the additional benefit, the G-BA has evaluated the studies relevant for the marketing authorisation considering their therapeutic relevance (qualitative) in accordance with the criteria laid down in Chapter 5, Section 5, paragraph 7, sentence 1, numbers 1 – 4 VerfO. The methodology proposed by the IQWiG in accordance with the General Methods [1] was not used in the benefit assessment of imlifidase.

[1] General Methods, version 6.0 of 5.11.2020. Institute for Quality and Efficiency in Health Care (IQWiG), Cologne.

2.1 Additional benefit of the medicinal product

2.1.1 Approved therapeutic indication of imlifidase (Idefirix®) in accordance with the product information

Idefirix is indicated for desensitisation treatment of highly sensitised adult kidney transplant patients with positive crossmatch against an available deceased donor.

The use of idefirix should be reserved for patients unlikely to be transplanted under the available kidney allocation system, including prioritisation programmes for highly sensitised patients.

Therapeutic indication of the resolution (resolution from the 2 September 2021):

see therapeutic indication according to marketing authorisation.

2.1.2 Extend of the additional benefit and significance of the evidence

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

Adult kidney transplant patients who have antibodies that result in a positive crossmatch against an available deceased donor.

In conclusion, there is a hint for a non-quantifiable additional benefit since the scientific data does not allow quantification.

Justification:

For the evaluation of the additional benefit of imlifidase for the desensitisation treatment of highly sensitised adult kidney transplant patients with positive crossmatch against an available deceased donor, the pharmaceutical company submitted the following pivotal single-arm studies: 13-HMedIdeS-02 (S02), 13-HMedIdeS-03 (S03), 14-HMedIdeS-04 (S04), 15-HMedIdeS-06 (S06), 17-HMedIdeS-13 (S13), and 17-HMedIdeS-14 (follow-up study, S14).

Study S-02 is an open-label, non-randomised Phase II study designed to evaluate the safety, tolerability, pharmacokinetics and efficacy of imlifidase. The study duration of study S-02 is 64 days. In contrast to studies S-03, S-04, and S-06, a transplant offer was not a required criterion for study participation in study S-02. According to the product information, imlifidase is indicated as "desensitisation treatment of highly sensitised adult kidney transplant patients with positive crossmatch against an available deceased donor." The results of the S-02 study are not used for this benefit assessment.

Study S-03 is a Phase II, open-label, non-randomised study to evaluate the safety, tolerability, efficacy and pharmacokinetics of imlifidase (0.25 mg/kg, 0.5 mg/kg, 1.0 mg/kg, 2.0 mg/kg). Five subjects were included in each of the first two dosing groups. Inclusion in higher dosage groups appeared no longer necessary due to new data on safety and efficacy. The primary objective of the study was to investigate the safety and tolerability of imlifidase. Study S-03

included adult dialysis patients diagnosed with CKD with anti-HLA antibodies and negative T-CDC crossmatch and at least one antibody MFI > 3000. An available ABO-compatible donor (living or deceased) was a requirement for study enrolment.

Study S-04 was an open-label, non-randomised phase I/II study to evaluate the safety and tolerability of imlifidase (0.24 mg/kg i.v. once) and to eliminate donor-specific HLA antibodies (DSA) and prevent antibody-mediated rejection after transplantation in highly HLA-immunised subjects. Study S-04 included adult patients aged 18-70 years with end-stage kidney disease. Study S-04 participants were on the UNOS waiting list for transplantation. At transplant, subjects were required to have a donor-specific antibody/crossmatch positive (DAS/CXM+) non-HLA-identical donor.

Study S-06 was an open-label, non-randomised phase II study to evaluate the efficacy of imlifidase (0.25 mg/kg applied singly or again at a later time) for desensitising transplant patients with a positive crossmatch test with available living donor or deceased donor organ. Study S-06 included adult patients aged 18-70 years who were on the waiting list for kidney transplantation and had undergone unsuccessful desensitisation or for whom effective desensitisation was highly unlikely. Subjects with a living donation or donor organ from a deceased and a positive crossmatch test were eligible to participate in Study S-06.

The study duration of studies S-03, S-04 and S-06 were 180 days.

According to the marketing authorisation, Imlifidase is indicated for the desensitisation treatment of highly sensitised adult kidney transplant patients with positive crossmatch against an available deceased donor. With the exception of study S-04, all studies relevant to the benefit assessment included both living and deceased donor kidneys. The majority of subjects in studies S-03 (approximately 80%) and S-06 (approximately 68.4%) had a deceased donor.

Study S-14 is a long-term follow-up study of studies S-02, S-03, S-04, and S-06. Results were submitted from data cut-off obtained on 30 September 2010.

In study S-03, 2 different doses were investigated. All participants in study S-03 were enrolled in study S-14. The pharmaceutical company did not submit a separate presentation for the dosage of 0.25 mg/kg compliant with marketing authorisation. For this reason, the results of the entire study population of the sub-population of the previous study S-03 are not considered for the benefit assessment.

Study S-13 is a retrospective study to collect additional donor and recipient data from subjects treated with imlifidase prior to kidney transplantation in studies S-02 and S-03. Data were collected from the time of imlifidase administration to the end of 2 and 6 months follow-up.

Results from the studies S-03, S-04, S-06, S-13 and S-14 are available on patient-relevant endpoints in the categories mortality, morbidity, quality of life and side effects. Furthermore, the following laboratory parameters/non-validated surrogate parameters were collected in the studies: crossmatch conversion (studies S-03, S-04, S-06), donor-specific antibodies (DSA; studies: S-03, S-04, S-06, S-14), rejection reactions (S-03, S-13 (for S-03), S-04, S-06, S-14).

Mortality

No deaths occurred in the studies S-03, S-04, S-06, and for study participants in the follow-up study S-14 of the precursor studies S-04 (after 2 years) and S-06 (after 3 years).

For subjects who did not actively participate in Study S-14, one death occurred for each of the precursor studies S-04 and S-06.

Overall, the results of studies S-03, S-04, S-06 and S-14 do not allow a conclusion to be drawn on the extent of additional benefit for the endpoint category mortality.

Morbidity

Graft survival

The endpoint graft survival is patient-relevant. Graft survival was assessed in studies S-03, S-13, S-04, S-06, and S-14. For studies S-03, S-04 and S-06, the endpoint was not defined a priori as an efficacy endpoint. In studies S-13 (for retrospective assessment of data from study S-03) and S-14, graft loss was defined as a sustained return to dialysis for at least 6 weeks, re-transplantation, or graftectomy. In studies S-03, S-04, S-06, S-13, and S-14, renal biopsy was performed if suspected of antibody-mediated rejection (AMR).

Graft loss occurred in one subject in study S-04 and two subjects in study S-06. No graft loss occurred for study S-03 in study S-13.

In the S-14 follow-up study, no graft loss was observed for study participants after imlifidase administration. For subjects who did not actively participate in study S-14 (after the end of the precursor study and before inclusion in study S-14), there were a total of three graft losses for precursor study S-04

Renal function by estimated glomerular filtration rate (eGFR)

Within the G-BA, there are different opinions on whether renal function measured by eGFR represents a per se patient-relevant endpoint. Renal function (eGFR) as a determinant of renal dysfunction by the endpoint renal failure in CKD stage 4/5 (eGFR< 30 ml/1.73 m^2) is considered patient-relevant. Reaching end-stage renal failure is also considered patient-relevant.

Renal function was calculated in studies S-03, S-04, S-06, and S-14 by estimated glomerular filtration rate (eGFR) using the MDRD formula.

The percentage of subjects with CKD stage 4/5 at day 180 was one subject in study S-03 and two in study S-06. For the study S-06 sub-population of follow-up study S-14, the proportion was one subject at year 2. In precursor study S-04 of study S-14, one subject had CKD stage 4/5 renal failure at year 3.

The percentage of subjects with an eGFR of 30-59 ml/1.73 m^2 and ≥ 60 ml/1.73 m^2 is considered supplementary due to the difference in perception of patient relevance. In study S-03, 60% of subjects had an eGFR of 30-59 ml/1.73 $m^{2,}$ and 20% had an eGFR ≥ 60 ml/1.73 m^2. In study S-06, 57.9% of study participants demonstrated an eGFR of 30-59 ml/1.73 m^2 and 21.1% demonstrated an eGFR ≥ 60 ml/1.73 m^2. In follow-up study S-14, 18.2% of subjects in precursor study S-04 at year 3 and 46.2% of subjects in precursor study S-06 at year 2 showed an eGFR of 30-59 ml/1.73 $m^{2.}$ An eGFR ≥ 60 ml/1.73 m^2 was seen in 27.3% of subjects in

precursor study S-04 at year 3 and in 15.4% of subjects in precursor study S-06 at year 2 in study S-14.

Health status (EQ-5D VAS)

The VAS of the EQ-5D is a visual analogue scale from 0 to 100 on which study participants rate their health status. A value of 0 corresponds to the worst possible health status and a value of 100 to the best possible health status.

Health status was assessed by visual analogue scale (VAS) of EQ-5D questionnaire only in study S-14, at year 1, 2, 3, 5 after transplantation, but not in studies S-02/03, S-04, S-06.

Thus, no baseline values are available, and therefore a descriptive pre-post comparison to baseline is not possible for the single-arm studies.

Overall, the results of studies S-03, S-04, S-06, S-13 and S-14 do not allow a conclusion to be drawn on the extent of additional benefit for the endpoint category morbidity.

Quality of life

Kidney Disease Quality of Life Questionnaire- short form (KDQOL-SF)

Quality of life assessment by KDQOL-SF was performed only in the follow-up study S-14 at years 1, 2, 3 and 5 after transplantation. In studies S-03, S-04 and S-06, the patients' quality of life was not assessed using KDQOL-SF. Thus, no baseline values are available, and therefore a descriptive pre-post comparison to baseline is not possible for the single-arm studies.

Therefore, in the quality of life category, no data suitable for the benefit assessment were submitted overall.

Side effects

Serious adverse events (SAEs) were noted in 3 of 5 subjects in study S-03 in 11 of 17 subjects in study S-04, and in 15 of 19 subjects in study S-06.

Severe adverse events (AEs CTCAE grade ≥ 3) occurred after treatment with imlifidase in 4 of 17 subjects in study S-04 and in 18 of 19 subjects in study S-06.

In studies S-03 and S-04, no subject discontinued therapy with imlifidase due to AE. In study S-06, one subject discontinued therapy due to AE within 30 days of imlifidase application.

The pharmaceutical company provided no safety data for the S-14 follow-up study.

In study S-04 AEs of special interest included "infections" and "infusion-associated reactions". In study S-04, 35.3% of study participants showed infections within 30 days of imlifidase administration. No infections were observed after 30 days of imlifidase application until the follow-up visit. No subject in Study S-04 had infusion-associated reactions.

Overall, the results of studies S-03, S-04 and S-06 do not allow a conclusion to be drawn on the extent of additional benefit for the endpoint category side effects.

Overall assessment

The pivotal single-arm studies S-03, S-04, S-06 and S-13, S-14 (follow-up study) were conducted to evaluate the additional benefit of Imlifidase for the desensitisation treatment of highly sensitised adult kidney transplant patients with positive crossmatch against an available deceased donor.

Results from the studies S-03, S-04, S-06, S-13 and S-14 are available on patient-relevant endpoints in the categories mortality, morbidity, quality of life and side effects.

Adults who require a kidney transplant due to their disease but have antibodies that result in a positive crossmatch against an available deceased donor are generally difficult or impossible to transplant under current organ allocation guidelines with currently available desensitisation treatment. Imlifidase should make transplantation possible for these subjects by destroying the HLA antibodies.

However, a comparative evaluation of the study results is not possible due to the single-arm design of studies S-03, S-04, S-06, S-13, and S-14. Thus, quantification of the additional benefit is not possible on the basis of the data presented.

In conclusion, the G-BA classifies the extent of the added benefit of Imlifidase for the desensitisation treatment of highly sensitised adult kidney transplant patients with positive crossmatches against available deceased donors as non-quantifiable due to the limited data basis based on the criteria in Section 5, paragraph 7, of the AM-NutzenV. There is an additional benefit in accordance with Section 35a, paragraph 1, sentence 11, 1st half of the sentence SGB V, but it is non-quantifiable since the scientific data does not allow a quantification.

Overall, a non-quantifiable additional benefit remains since the scientific data does not allow quantification.

Significance of the evidence

The benefit assessment is based on the single-arm, open-label marketing authorisation studies S-03, S-04, S-06, S-13 and S-14, which have a high risk of bias. No direct comparative studies were presented.

In the overall review, the result is a hint for a non-quantifiable additional benefit concerning the significance of the evidence.

2.1.3 Limitation of the period of validity of the resolution

The limitation of the period of validity of the resolution on the benefit assessment of imlifidase finds its legal basis in Section 35a paragraph 3 sentence 4 SGB V. Thereafter, the G-BA may limit the validity of the resolution on the benefit assessment of a medicinal product. In the

present case, the limitation is justified by objective reasons consistent with the purpose of the benefit assessment according to Section 35a paragraph 1 SGB V.

Against the background that the medicinal product Idefirix with the active ingredient imlifidase was approved under "special conditions", more results for evaluation of long-term efficacy and safety of imlifidase are to be reported to the EMA in this regard. In the written statement procedure, the pharmaceutical company stated that the following single-arm studies would be conducted for this purpose: nCT03611621 prospective study (5 years, results from December 2023), 20-HMedldeS-19 (1 year, results by Q1 2025), 20-HMedldeS-20 (5 years, follow-up study of 20-HMedldeS-19 study), 17-HMedldeS-14 (5 years, results from December 2023). According to the EPAR, the final results of the commissioned studies are to be submitted to the EMA by December 2023 or December 2025.[2]

The pharmaceutical company has additionally stated in the written statement procedure that he will conduct the randomised controlled trial NCT04935177 (imlifidase vs current treatment option, 12 months) in highly immunised adult kidney transplant recipients with positive crossmatch. The final results of the study are expected in Q2 2024.

The final results of the studies commissioned by the EMA and the final results of the RCT NCT04935177 are also relevant for the benefit assessment according to Section 35a SGB V. In order to be able to assess these relevant data on treatment with imlifidase on patient-relevant outcomes; it is considered sufficient to limitation of validity of this resolution until 1 April 2026.

In accordance with Section 3 paragraph 7 AM-NutzenV in conjunction with Chapter 5 Section 1, paragraph 2, number 7 VerfO, the procedure for the benefit assessment of imlifidase recommences when the deadline has expired. For this purpose, the pharmaceutical company must submit a dossier to the G-BA at the latest on the date of expiry to prove the extent of the additional benefit of imlifida (Section 4, paragraph 3, number 5 AM-NutzenV in conjunction with Chapter 5 Section 8, number 5 VerfO). The possibility that a benefit assessment for imlifidase can be carried out at an earlier point in time due to other reasons (cf. Chapter 5, Section 1 paragraph 2, Nos. 2 – 6 VerfO) remains unaffected hereof. An extension of the time limit can generally be granted if justified and demonstrated that the limitation is insufficient or too long.

2.1.4 Summary of the assessment

The present assessment concerns the benefit assessment of the new medicinal product Idefirix® with active ingredient imlifidase. Idefirix® was approved as an orphan drug under "special conditions".

Imlifidase is indicated for the desensitisation treatment of highly sensitised adult kidney transplant patients with positive crossmatch against an available deceased donor.

For the assessment of the additional benefit of imlifidase, the following pivotal single-arm studies were used: S-03, S-04, S-06 and S-13, S-14 (follow-up study). Results from the studies

[2] CHMP assessment report imlifidase; European Medicines Agency; 13.07.2020

S-03, S-04, S-06, S-13 and S-14 are available on patient-relevant endpoints in the categories mortality, morbidity, quality of life and side effects.

However, a comparative evaluation of the study results is not possible due to the single-arm design of studies S-03, S-04, S-06, S-13, and S-14. Thus, quantification of the additional benefit is not possible based on the data presented.

The significance of the evidence is assessed with a hint because only single-arm studies is available, and a comparative assessment is not possible.

A hint for a non-quantifiable additional benefit remains in the overall assessment because the scientific data basis does not allow quantification.

The validity of the resolution is limited to 1 April 2026.

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

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

The resolution is based on the information from the dossier of the pharmaceutical company.

The determination of the lower limit is methodologically not comprehensible and overall fraught with uncertainties. The range mentioned here is shown despite the uncertainties due to the limited data available.

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 Idefirix (active ingredient: imlifidase) at the following publicly accessible link (last access: 2 July 2021):

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

Treatment should only be prescribed and supervised by a healthcare professional experienced in immunosuppressive treatment and the care of sensitised kidney transplant patients.

This medicinal product has been authorised under a so-called "conditional approval" scheme. This means that further evidence of the benefit of the medicinal product is anticipated. The European Medicines Agency (EMA) will assess new information on this medicinal product at least annually and update the product information for healthcare professionals as necessary.

2.4 Treatment costs

The treatment costs are based on the product information as well as the information in the LAUER-TAXE® (last revised: 15 August 2021).

Imlifidase is listed on the LAUER-TAXE®, but is only dispensed to appropriate qualified inpatient treatment facilities. Accordingly, the active ingredient is not subject to the

Pharmaceutical Price Ordinance (Arzneimittelpreisverordnung) and no rebates according to Section 30 or Section 130a SGB V apply. The calculation is based on the sales price of the pharmaceutical company (incl. 19% value-added tax), in deviation from the usually taken into account data of the LAUER-TAXE®. In Module 3, the pharmaceutical company states the pharmacy sales price in the amount of € 426,020.00, including value-added tax.

Imlifidase is administered as an intravenous infusion according to the information provided in the product information.

The dose is based on the patient's body weight (in kg). The recommended dose is 0.25 mg/kg administered as a single dose, preferably within 24 hours prior to transplantation. One dose is sufficient for crossmatch conversion in the majority of patients, but a second dose may be administered within 24 hours of the first dose if necessary.

For dosages depending on body weight, the average body measurements from the official representative statistics "Microcensus 2017 – body measurements of the population" were applied (average body weight: 77.0 kg).[3]

Treatment duration:

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Days of treatment/ patient/ year
Medicinal product to be assessed				
Imlifidase	1-2 single doses	1-2	1	1-2

Consumption:

Designation of the therapy	Dosage/ application	Dosage/ patient/ days of treatment	Usage by potency/ day of treatment	Treatment days/ patient/ year	Average annual consumption by potency
Medicinal product to be assessed					
Imlifidase	0.25 mg/kg- 0.5 mg/kg	19.25 mg - 38.5 mg	22 mg – 44 mg	1	1x 22 mg- 2x 22 mg

[3] Federal Statistical Office, Wiesbaden 2018: http://www.gbe-bund.de/

Costs:

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					
Imlifidase	22 mg Plv.f.e.Konz.z.H. e.Inf.-Lsg.	-	-	-	€ 426,020.00
Plv. f. e. Konz. Z. H. e. Inf.-Lsg.= Powder for a concentrate for the preparation of an infusion solution					

LAUER-TAXE® last revised: 18.08.2021

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 considered 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 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.

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 15 March 2021, the pharmaceutical company submitted a dossier for the benefit assessment of imlifidase to the G-BA in due time in accordance with Chapter 5, Section 8, number 1, sentence 2 VerfO.

The benefit assessment of the G-BA was published on 15 June 2021 together with the IQWiG assessment of treatment costs and patient numbers on the website of the G-BA (www.g-ba.de), thus initiating the written statement procedure. The deadline for submitting written statements was 6 July 2021.

The oral hearing was held on 26 July 2021.

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 the 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 24 August 2021, and the draft resolution was approved.

At its session on 2 September 2021, the plenum adopted a resolution to amend the Pharmaceuticals Directive.

Chronological course of consultation

Session	Date	Subject of consultation
Subcommittee Medicinal product	08.06.2021	Information of the benefit assessment of the G-BA
Working group Section 35a	20.07.2021	Information on written statements received; preparation of the oral hearing
Subcommittee Medicinal product	26.07.2021	Conduct of the oral hearing
Working group Section 35a	03.08.2021 17.08.2021	Consultation on the dossier assessment by the G-BA, the assessment of treatment costs and patient numbers by the IQWiG, and the evaluation of the written statement procedure
Subcommittee Medicinal product	24.08.2021	Concluding consultation of the draft resolution
Plenum	02.09.2021	Adoption of the resolution on the amendment of Annex XII AM-RL

Berlin, 2 September 2021

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

Prof. Hecken