Gemeinsamer Bundesausschuss

Justification

of the Resolution of the Federal Joint Committee (G-BA) on an Amendment of the Pharmaceuticals Directive: Annex XII – Benefit Assessment of Medicinal Products with New Active Ingredients according to Section 35a SGB V Sofosbuvir/ Velpatasvir (new therapeutic indication: chronic hepatitis C, 3 to < 6 years)

of 4 August 2022

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 the statutory health insurance funds,
6. requirements for a quality-assured application.

The G-BA may commission the Institute for Quality and Efficiency in Health Care (IQWiG) to carry out the benefit assessment. According to Section 35a, paragraph 2 SGB V, the assessment must be completed within three months of the relevant date for submission of the evidence and published on the internet.

According to Section 35a, paragraph 3 SGB V, the G-BA decides on the benefit assessment within three months of its publication. The resolution is to be published on the internet and is part of the Pharmaceuticals Directive.

2. Key points of the resolution

The relevant date for sofosbuvir/ velpatasvir in accordance with Chapter 5, Section 8, paragraph 1, number 2 of the Rules of Procedure of the G-BA (VerfO) is 15 February 2022. The pharmaceutical company submitted the final dossier to the G-BA in accordance with Section 4, paragraph 3, number 2 of the Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV) in conjunction with Chapter 5, Section 8, paragraph 1, number 2 VerfO on 7 February 2022.

The G-BA commissioned the IQWiG to carry out the assessment of the dossier. The benefit assessment was published on the website of the G-BA (www.g-ba.de) on 16 May 2022, thus initiating the written statement procedure. The oral hearing has been dispensed with since all assessment experts who submitted written statements waived their right to make an oral statement.

The G-BA came to a resolution on whether an additional benefit of sofosbuvir/ velpatasvir 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 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 methodology proposed by the

IQWiG in accordance with the General Methods [1] was not used in the benefit assessment of sofosbuvir/ velpatasvir.

In the light of the above, and taking into account the statements received, the G-BA has come to 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 Sofosbuvir/ Velpatasvir (Epclusa) in accordance with the product information

Epclusa is indicated for the treatment of chronic hepatitis C virus (HCV) infection in patients 3 years of age and older.

Therapeutic indication of the resolution (resolution of 4 August 2022):

Treatment of chronic hepatitis C virus infection in children aged 3 to < 6 years.

2.1.2 Appropriate comparator therapy

The appropriate comparator therapy was determined as follows:

Children with chronic hepatitis C aged 3 to < 6 years

Appropriate comparator therapy for sofosbuvir/ velpatasvir:

Ledipasvir/ sofosbuvir (only for genotypes 1, 4, 5 and 6) or glecaprevir/ pibrentasvir

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 in accordance with the generally recognised state of medical knowledge (Section 12 SGB V), preferably a therapy for which endpoint studies are available and which has proven its worth in practical application unless contradicted by the guidelines under Section 92, paragraph 1 SGB V or the principle of economic efficiency.

In determining the appropriate comparator therapy, the following criteria, in particular, must be taken into account as specified in Chapter 5, Section 6, paragraph 3 VerfO:

1. To be considered as a comparator therapy, the medicinal product must, principally, have a marketing authorisation for the therapeutic indication.
2. If a non-medicinal treatment is considered as a comparator therapy, this must be available within the framework of the SHI system.
3. As comparator therapy, medicinal products or non-medicinal treatments for which the patient-relevant benefit has already been determined by the G-BA shall be preferred.
4. According to the generally recognised state of medical knowledge, the comparator therapy should be part of the appropriate therapy in the therapeutic indication.

[1] General Methods, version 6.1 from 24.01.2022. Institute for Quality and Efficiency in Health Care (IQWiG), Cologne.

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

on 1. In the therapeutic indication of chronic hepatitis C, the active ingredients ribavirin, interferon alfa-2b, peginterferon alfa-2a[2], peginterferon alfa-2b, sofosbuvir and, in addition to sofosbuvir/ velpatasvir, the combination of active ingredients ledipasvir/ sofosbuvir and glecaprevir/ pibrentasvir are approved for children aged 3 to < 6 years. Peginterferon alfa-2b is not currently marketed in Germany.

on 2. Non-medicinal treatments are not considered for the therapeutic indication.

on 3. In the therapeutic indication of chronic hepatitis C, there are resolutions of the G-BA on the benefit assessment of medicinal products with new active ingredients according to Section 35a SGB V on active ingredients/ combinations of active ingredients. The G-BA has made the following resolutions for patients between the ages of 3 and < 6 years of age with chronic hepatitis C:

- Glecaprevir/ pibrentasvir from 16 December 2021
- Ledipasvir/ sofosbuvir from 21 January 2021
- Sofosbuvir from 21 January 2021

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

It can be stated that the data basis for medicinal product therapies and treatment cascades in the present therapeutic indication is limited overall, but the approved direct antiviral medicines (DAA: direct acting agents) sofosbuvir in combination with ribavirin, ledipasvir/ sofosbuvir and glecaprevir/ pibrentasvir are already taken into account in the current guidelines. In the present age group, therapy with the approved options (peg)interferon plus ribavirin is no longer considered adequate in accordance with the current guideline recommendations and is only used in exceptional cases. For example, therapy with (peg)interferon and ribavirin may be indicated in children with severe symptoms. The guidelines recommend treating patients in this age group with direct antiviral medicines in accordance with the recommendations for adulthood.

Based on the guideline recommendation in favour of treatment with DAAs, the treatment options ledipasvir/ sofosbuvir and glecaprevir/ pibrentasvir are considered appropriate.

For the treatment option ledipasvir/ sofosbuvir, there is only limited clinical data on genotypes 2 and 3 according to the product information to support the use of ledipasvir/ sofosbuvir. Due to the different efficacy of ledipasvir/ sofosbuvir against the different hepatitis C genotypes, the combination of active ingredients ledipasvir/ sofosbuvir can only be considered as an appropriate comparator therapy for the treatment of hepatitis C genotypes 1, 4, 5 or 6. Glecaprevir/ pibrentasvir is eligible as an appropriate comparator therapy for all patients due to its pangenotypic marketing authorisation.

[2] approved above the age of 5

Change of the appropriate comparator therapy

To date, ledipasvir/sofosbuvir for children with chronic hepatitis C aged 3 to < 6 years, genotype 1, 4, 5 or 6 and sofosbuvir in combination with ribavirin for children with chronic hepatitis C aged 3 to < 6 years, genotype 2 or 3 have been considered as the sole appropriate comparator therapies. Until now, the combination of active ingredients glecaprevir/ pibrentasvir was not included in the options of the appropriate comparator therapy.

Taking into account the clinical treatment setting, the G-BA considers it appropriate to expand the specific appropriate comparator therapies to include the option of glecaprevir/ pibrentasvir and thus to adapt them to the current state of medical knowledge.

In addition, the observed virological response rates of glecaprevir/ pibrentasvir are comparable to those of the specific appropriate comparator therapy ledipasvir/ sofosbuvir.

Sofosbuvir in combination with ribavirin is now only a lower-ranking treatment option and is therefore removed from the appropriate comparator therapy.

Against the background of the aforementioned guideline recommendations to treat children with DAA and the findings from the benefit assessment procedures carried out, the approved options ledipasvir/ sofosbuvir or glecaprevir/ pibrentasvir are determined as appropriate comparator therapies in the present age group. Here, glecaprevir/ pibrentasvir is equally appropriate for all genotypes, while ledipasvir/ sofosbuvir is only an equally appropriate treatment option for genotypes 1, 4, 5 or 6.

Overall, taking into account the clinical treatment situation, the G-BA therefore considers it appropriate to add glecaprevir/pibrentasvir to the specific appropriate comparator therapies for the aforementioned patient populations and to delete sofosbuvir in combination with ribavirin and thus, to adapt to the current state of medical knowledge.

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

2.1.3 Extent and probability of the additional benefit

In summary, the additional benefit of sofosbuvir/ velpatasvir is assessed as follows:

An additional benefit is not proven for children aged 3 to < 6 years with chronic hepatitis C.

Justification:

The pharmaceutical company presents results of the non-randomised, multicentre, single-arm GS-US-342-1143 study for patients aged 3 to below 6 years.

Cohort 3 of the study included 41 children aged 3 to under 6 years with chronic hepatitis C infection of genotype 1 (n=32), 2 (n=6), 3 (n=2) and 4 (n=1) and no patients with genotype 5 or 6 infections.

The study examined mortality, sustained virological response (SVR) as the endpoints of morbidity, as well as health-related quality of life and side effects. These endpoints are fundamentally patient-relevant.

Due to the lack of a comparison, the single-arm study is not suitable for assessing an additional benefit; this would only be possible with very large effects compared to the appropriate comparator therapy. The available data of the study only allow a very limited classification of the results due to the high percentage of patients with therapy discontinuation and the associated percentage of imputed values.

Mortality

No deaths occurred.

Morbidity

87.9% of patients aged 3 to < 6 years with genotype 1 or 4 and 62.5% of patients with genotype 2 or 3 treated with sofosbuvir/ velpatasvir achieved a sustained virological response 12 and 24 weeks after the end of therapy (SVR12, SVR24).

For the combinations of active ingredients identified as the appropriate comparator therapy, sustained virological response was observed in ≥ 95% of patients (children aged 3 to < 12 years) treated with ledipasvir/ sofosbuvir[3] (relevant for patients with genotype 1, 4, 5 or 6 infection) 12 or 24 weeks after the end of therapy. SVR12 rates of 98.3% were observed in patients with genotype 1, 4, 5 or 6 and 90% of those with genotype 2 or 3 for the appropriate comparator therapy glecaprevir/ pibrentasvir[4].

Quality of life

Health-related quality of life was assessed in the study using PedsQL (Paediatric Quality of Life Inventory) at the start of study and at week 24 after the end of treatment. The instrument includes 15 questions on the dimensions of physical functioning, emotional functioning, social functioning and school functioning. On average, there is a change in the total score by – 1.9 points to week 24 over the course of the study. The results cannot be sufficiently interpreted due to the non-comparator data.

Side effects

A total of one discontinuation due to AEs was observed. No serious adverse events (SAEs) or severe AEs occurred in the study.

Overall assessment

The presented single-arm GS-US-342-1143 study is not suitable for the assessment of an additional benefit due to the lack of a comparison with the respective appropriate comparator therapy; this would only be possible with very large effects compared to the appropriate comparator therapy. The available data of the study only allow a very limited classification of the results due to the high percentage of patients with therapy discontinuation and the associated percentage of imputed values.

A sustained virological response 12 and 24 weeks after the end of therapy was achieved with sofosbuvir/ velpatasvir in 87.9% of patients with genotype 1 or 4 and 62.5% of patients with genotype 2 or 3.

No deaths occurred. One adverse event that led to therapy discontinuation occurred. The available data on health-related quality of life cannot be adequately interpreted.

[3] Resolution of the G-BA dated 21.01.2021: https://www.g-ba.de/beschluesse/4662/

[4] Resolution of the G-BA dated 16.12.2021 https://www.g-ba.de/beschluesse/5179/

Overall, no additional benefit can be derived on the basis of the data presented.

2.1.4 Summary of the assessment

The present assessment is the benefit assessment of a new therapeutic indication for the medicinal product Epclusa with the combination of active ingredients sofosbuvir/ velpatasvir.

The therapeutic indication assessed here is as follows: Epclusa is indicated for the treatment of chronic hepatitis C virus infection in patients 3 years of age and older. Only children aged 3 to < 6 years are considered here.

Glecaprevir/ pibrentasvir or ledipasvir/ sofosbuvir (only for patients with infection of the genotypes 1, 4, 5 or 6) were determined by the G-BA as appropriate comparator therapy.

For the benefit assessment of sofosbuvir/ velpatasvir for the treatment of children aged 3 to < 6 years with chronic hepatitis C, only data from the single-arm, non-comparator GS-US-342-1143 study were presented. Due to the lack of comparison, the data are not suitable for the derivation of an additional benefit compared to the appropriate comparator therapy.

An additional benefit of sofosbuvir/ velpatasvir versus the appropriate comparator therapy is therefore not proven.

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

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

The G-BA bases its resolution on the patient numbers from the dossier submitted by the pharmaceutical company.

The upper and lower limits specified by the pharmaceutical company are subject to uncertainty. The lower limit shown can be assumed to be an underestimate as only cases reported in 2021 are taken into account. The upper limit is subject to uncertainty as it includes both underestimation and overestimation.

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 Epclusa (active ingredient: sofosbuvir/ velpatasvir) at the following publicly accessible link (last access: 28 June 2022):
https://www.ema.europa.eu/en/documents/product-information/epclusa-epar-product-information_en.pdf

Treatment with sofosbuvir/ velpatasvir should only be initiated and monitored by doctors experienced in treating hepatitis C.

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 June 2022).

According to the product information, the following therapy options are available:

Designation of the therapy	Duration of the treatment cycle	Use according to product information:
Medicinal product to be assessed		
Children aged 3 to < 6 years		
Sofosbuvir/ velpatasvir	12 weeks	Patient aged 3 years and older regardless of the HCV genotype
Appropriate comparator therapy		
Ledipasvir/ sofosbuvir	8 weeks	Can be considered in genotype 1 patients without cirrhosis.
Ledipasvir/ sofosbuvir	12 weeks	Patients with genotype 1, 4, 5, or 6 without cirrhosis or with compensated cirrhosis, a low risk of progression and retreatment option.
Ledipasvir/ sofosbuvir	24 weeks	Patients with genotype 1, 4, 5 or 6 and compensated cirrhosis.
Glecaprevir/ pibrentasvir	8 weeks	Therapy naive patients with genotype 1, 2, 3, 4, 5 or 6 with or without cirrhosis
Glecaprevir/ pibrentasvir	8 weeks	Pretreated patients with genotype 1, 2, 4 – 6 without cirrhosis
Glecaprevir/ pibrentasvir	12 weeks	Pretreated patients with genotype 1, 2, 4 – 6 with cirrhosis
Glecaprevir/ pibrentasvir	16 weeks	Pretreated patients with genotype 3 with or without cirrhosis

Treatment period:

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Medicinal product to be assessed				
Sofosbuvir/ velpatasvir	1 x daily for 12 weeks	84	1	84
Appropriate comparator therapy				
Ledipasvir / sofosbuvir	1 x daily for 8 weeks	56	1	56
Ledipasvir / sofosbuvir	1 x daily for 12 weeks	84	1	84
Ledipasvir / sofosbuvir	1 x daily for 24 weeks	168	1	168
Glecaprevir / pibrentasvir	1 x daily for 8 weeks	56	1	56
Glecaprevir / pibrentasvir	1 x daily for 12 weeks	84	1	84
Glecaprevir / pibrentasvir	1 x daily for 16 weeks	112	1	112

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.

The cost calculation was based on standard patients with an average body weight of 16.2 kg for patients aged 3 years and 20.8 kg for patients aged 6 years.[5]

This resolution was based on liquid dosage forms to allow consideration of the patient population of children aged 3 to < 6 years.

The granules dosage form applicable at the time of the last revised version of the LAUER-TAXE® used for the calculation is available for children < 17 kg according to the Epclusa product information, but not yet available on the German market. For the medicinal product to be assessed, the film-coated tablets were therefore presented, the use of which, according to the product information, is recommended from 17 kg.

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					
Sofosbuvir/ velpatasvir 12 weeks FCT[6]	200 mg/ 50 mg	200 mg/ 50 mg	1 x 200 mg/ 50 mg	84	84 x 200 mg/ 50 mg
Appropriate comparator therapy					
Ledipasvir / sofosbuvir 8 weeks Granules	33.75 mg/ 150 mg - 45 mg/ 200 mg	33.75 mg/ 150 mg - 45 mg/ 200 mg	1 x 33.75 mg/ 150 mg - 1 x 45 mg/ 200 mg	56	56 x 33.75 mg/ 150 mg - 56 x 45 mg/ 200 mg
Ledipasvir / sofosbuvir 12 weeks granules	33.75 mg/ 150 mg - 45 mg/ 200 mg	33.75 mg/ 150 mg - 45 mg/ 200 mg	1 x 33.75 mg/ 150 mg - 1 x 45 mg/ 200 mg	84	84 x 33.75 mg/ 150 mg - 84 x 45 mg/ 200 mg
Ledipasvir / sofosbuvir 24 weeks granules	33.75 mg/ 150 mg - 45 mg/ 200 mg	33.75 mg/ 150 mg - 45 mg/ 200 mg	1 x 33.75 mg/ 150 mg - 1 x 45 mg/ 200 mg	168	168 x 33.75 mg/ 150 mg - 168 x 45 mg/ 200 mg
Glecaprevir / pibrentasvir 8 weeks Granules	150 mg/ 60 mg - 200 mg/ 80 mg	150 mg/ 60 mg - 200 mg/ 80 mg	3 x 50 mg/ 20 mg - 4 x 50 mg/ 20 mg	56	168 x 50 mg/ 20 mg - 224 x 50 mg/ 20 mg
Glecaprevir / pibrentasvir	150 mg/ 60 mg -	150 mg/ 60 mg -	3 x 50 mg/ 20 mg -	84	252 x 50 mg/ 20 mg -

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

[6] The granules dosage form applicable at the time of the last revised version of the LAUER-TAXE® used for the calculation is available for children < 17 years of age according to the Epclusa product information, but not available on the German market.

Designation of the therapy	Dosage/ application	Dose/ patient/ treatment days	Consumption by potency/ treatment day	Treatment days/ patient/ year	Average annual consumption by potency
12 weeks Granules	200 mg/ 80 mg	200 mg/ 80 mg	4 x 50 mg/ 20 mg		336 x 50 mg/ 20 mg
Glecaprevir / pibrentasvir 16 weeks Granules	150 mg/ 60 mg - 200 mg/ 80 mg	150 mg/ 60 mg - 200 mg/ 80 mg	3 x 50 mg/ 20 mg - 4 x 50 mg/ 20 mg	112	336 x 50 mg/ 20 mg - 448 x 50 mg/ 20 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.

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					
Sofosbuvir 200 mg/ velpatasvir 50 mg	28 FCT	€ 9,996.95	€ 1.77	€ 0.00	€ 9,995.18
Appropriate comparator therapy					
Ledipasvir 33.75 mg/ sofosbuvir 150 mg	28 sachets GRA	€ 14,995.30	€ 1.77	€ 0.00	€ 14,993.53
Ledipasvir 45 mg/ sofosbuvir 200 mg	28 sachets GRA	€ 14,995.30	€ 1.77	€ 0.00	€ 14,993.53
Glecaprevir 50 mg/ pibrentasvir 20 mg	28 sachets GRA	€ 2,999.25	€ 1.77	€ 0.00	€ 2,997.48
Abbreviations: FCT = film-coated tablets; GRA = granules					

LAUER-TAXE® last revised: 15 July 2022

Costs for additionally required SHI services:

Only costs directly related to the use of the medicinal product are taken into account. If there are regular differences in the necessary use of medical treatment or in the prescription of other services in the use of the medicinal product to be evaluated and the appropriate comparator therapy in accordance with the product information, the costs incurred for this must be taken into account as costs for additionally required SHI services.

Medical treatment costs, medical fee services, and costs incurred for routine examinations

(e.g., regular laboratory services such as blood count tests) that do not exceed the standard expenditure in the course of the treatment are not shown.

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

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 its session on 11 January 2022, the Subcommittee on Medicinal Products determined the appropriate comparator therapy.

On 4 February 2022, the pharmaceutical company submitted a dossier for the benefit assessment of sofosbuvir/ velpatasvir to the G-BA in due time in accordance with Chapter 5, Section 8, paragraph 1, number 1, sentence 2 VerfO.

By letter dated 7 February 2022 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 sofosbuvir/ velpatasvir.

The dossier assessment by the IQWiG was submitted to the G-BA on 12 May 2022, and the written statement procedure was initiated with publication on the website of the G-BA on 16 May 2022. The deadline for submitting written statements was 7 June 2022.

There was no oral hearing since all assessment experts who submitted written statements waived their right to make an oral statement.

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 was discussed at the session of the subcommittee on 26 July 2022, and the proposed resolution was approved.

At its session on 4 August 2022, the plenum adopted a resolution to amend the Pharmaceuticals Directive.

Chronological course of consultation

Session	Date	Subject of consultation
Subcommittee Medicinal products	11 January 2022	Determination of the appropriate comparator therapy
Working group Section 35a	21 June 2022	Information on statements received
Working group Section 35a	6 July 2022 20 July 2022	Consultation on the dossier assessment by the IQWiG, assessment of the written statement procedure
Subcommittee Medicinal products	26 July 2022	Concluding discussion of the draft resolution
Plenum	4 August 2022	Adoption of the resolution on the amendment of Annex XII AM-RL

Berlin, 4 August 2022

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

Prof. Hecken