

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
Ceftolozane/ Tazobactam (repeal of the exemption: bacterial
infections, several therapeutic indications)

of 3 November 2022

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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.

Pursuant to Section 35a, paragraph 1c, sentence 1 SGB V, the Federal Joint Committee shall exempt the pharmaceutical company from the obligation to submit the evidence pursuant to Section 35a, paragraph 1, sentence 3, numbers 2 and 3 SGB V (medical benefit and additional medical benefit in relation to the appropriate comparator therapy) upon request, if it is an antibiotic that is effective against infections caused by multi-resistant bacterial pathogens with limited treatment options and the use of this antibiotic is subject to a strict indication (reserve antibiotic).

The additional benefit is deemed to be proven if the Federal Joint Committee has decided on an exemption for a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V; the extent of the additional benefit and its therapeutic significance are not to be assessed by the Federal Joint Committee.

By resolution pursuant to Section 35a, paragraph 3, sentence 1 SGB V, the Federal Joint Committee shall specify the requirements for a quality-assured application of the reserve antibiotic pursuant to Section 35a, paragraph 1c, sentence 8 SGB V, taking into account the effects on the resistance situation. Pursuant to Chapter 5, Section 20, paragraph 6, sentence 3 of the Rules of Procedure (VerfO), the Federal Joint Committee may lay down restrictive requirements for the use of the antibiotic in order to ensure a strict indication, if this is necessary to maintain the reserve status of the medicinal product. With regard to these requirements for a quality-assured application of the reserve antibiotic, it shall obtain a statement from the Robert Koch Institute, which shall be prepared in agreement with the Federal Institute for Drugs and Medical Devices.

Pursuant to Section 35a, paragraph 3 SGB V, the G-BA decides on the benefit assessment, taking into account the requirements for a quality-assured application according to Section 35a, paragraph 1c, sentence 8 SGB V, 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

By resolution of 20 January 2022, the Federal Joint Committee decided that the pharmaceutical company is exempted from the obligation to submit evidence in the benefit assessment procedure for the medicinal product Zerbaxa with the combination of active ingredients ceftolozane/ tazobactam according to Section 35a, paragraph 1, sentence 3, numbers 2 and 3 SGB V, since the medicinal product Zerbaxa with the combination of active ingredients ceftolozane/ tazobactam for the treatment of bacterial infections in several therapeutic indications is a reserve antibiotic within the meaning of Section 35a, paragraph 1c, sentence 1 SGB V.

The combination of active ingredients ceftolozane/ tazobactam (Zerbaxa®) was listed for the first time on 1 December 2015 in the "LAUER-TAXE", the extensive German registry of available drugs and their prices, with the therapeutic indications of complicated intra-abdominal infections in adults as well as complicated urinary tract infections in adults and acute pyelonephritis in adults.

The combination of active ingredients ceftolozane/ tazobactam was exempted from the benefit assessment due to turnover by resolution of 20 August 2015.

On 23 August 2019, Zerbaxa® received marketing authorisation for the new therapeutic indication of hospital-acquired pneumonia (HAP), including ventilator-associated pneumonia (VAP) in adults which is classified as a major type 2 variation as defined according to Annex 2 number 2 letter a to Regulation (EC) No. 1234/2008 of the Commission of 24 November 2008 concerning the examination of variations to the terms of marketing authorisations for medicinal products for human use and veterinary medicinal products (OJ L 334, 12.12.2008, p. 7).

On the occasion of the extension of the therapeutic indication for the proprietary medicinal product Zerbaxa®, the factual prerequisites for the continued exemption of the medicinal product were reviewed on the basis of Chapter 5, Section 15 VerfO in the version of the resolution on amendment to Chapter 5 of the Rules of Procedure of 16 March 2018.

At its session on 17 October 2019, the Federal Joint Committee decided to reject the pharmaceutical company's application of 6 September 2019 for exemption of the medicinal product Zerbaxa® with the combination of active ingredients ceftolozane/ tazobactam from the benefit assessment due to turnover in accordance with Section 35a, paragraph 1a SGB V and to repeal the resolution on the exemption of the medicinal product Zerbaxa® from the benefit assessment due to turnover in accordance with Section 35a, paragraph 1a SGB V of 20 August 2015 with effect from 17 October 2019. The pharmaceutical company was requested to submit a dossier for all approved therapeutic indications by 1 April 2020.

The pharmaceutical company submitted a dossier in accordance with Section 4, paragraph 3, number 2 of the Ordinance on the Benefit Assessment of Pharmaceuticals in conjunction with Chapter 5, Section 8, paragraph 1, number 2 of the Rules of Procedure of the G-BA in due time on 11 March 2020 for the combination of active ingredients ceftolozane/ tazobactam in the therapeutic indications of hospital-acquired pneumonia (HAP), including ventilator-associated pneumonia (VAP) in adults, complicated intra-abdominal infections in adults, complicated urinary tract infections in adults and acute pyelonephritis in adults.

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 1 July 2020, thus initiating the written statement procedure. In addition, an oral hearing was held on 10 August 2020.

By resolution of 17 September 2020, the G-BA discontinued the benefit assessment procedure for ceftolozane/ tazobactam in accordance with Section 35a SGB V. The reason for the discontinuation of the procedure was that the prerequisites for the benefit assessment according to Section 35a SGB V old version had ceased to exist at the time of drafting the resolution with regard to an application for exemption from the benefit assessment according to Section 35a, paragraph 1c SGB V, which was initially submitted mutatis mutandis and explicitly in a letter dated 20 August 2020. With the entry into force of the Act on Fair Competition between Statutory Health Insurance Funds (Act on Fair Competition - SHI-AFC) of 27 March 2020 (Federal Gazette I, p. 587), a paragraph 1c was added to Section 35a SGB, according to which the Federal Joint Committee must exempt pharmaceutical companies from the obligation to submit the evidence according to paragraph 1, sentence 3, numbers 2 and 3 upon request if the antibiotic is effective against infections caused by multi-resistant bacterial pathogens for which only limited alternative therapies are available and the use of this antibiotic is subject to a strict indication (reserve antibiotic). This legal situation, which provides for a privileged treatment of reserve antibiotics in the early benefit assessment procedure, must be applied by the Federal Joint Committee to all procedures concluded after

the entry into force of the SHI-AFC in the absence of a statutory transitional provision. The application pursuant to Section 35a, paragraph 1c SGB V for exemption from the obligation to submit the evidence pursuant to Section 35a, paragraph 1, sentence 3, numbers 2 and 3 SGB V due to reserve antibiotic status pursuant to Section 35a, paragraph 1c SGB V, which was submitted mutatis mutandis with the submission of the dossier on 11 March 2020, was completed by the pharmaceutical company by letter dated 20 August 2020.

The application procedure was also suspended by resolution of 17 September 2020. This resulted in the temporary suspension of the obligation to transmit the dossier according to Chapter 5, Section 11 Verfo. The suspension ended three months after the G-BA's Rules of Procedure (Verfo), resolution of 1 April 2021, with effect from 3 August 2021 (Federal Gazette AT 02.08.2021 B2), adapted on the basis of Section 35a, paragraph 1c, sentence 4 SGB V, took effect, and after publication of the criteria - determined by the Robert Koch Institute (RKI) in agreement with the Federal Institute for Drugs and Medical Devices (BfArM) - for classification as a reserve antibiotic according to Section 35a, paragraph 1c, sentence 5 SGB V. The pharmaceutical company was obliged to submit the grounds for the application in accordance with the adapted regulations in the Verfo on the basis of the criteria of the RKI pursuant to Section 35a, paragraph 1c, sentence 5 SGB V at the latest by the date on which the suspension ends. In a letter dated 2 November 2021, the pharmaceutical company submitted the grounds for its application. When the grounds for the application were submitted, restoration to the previous version was granted with effect from the time of the first obligation to submit the evidence in accordance with Section 35a, paragraph 1, sentence 3 SGB V by the suspension resolution of 17 September 2020.

By resolution of 20 January 2022 on the exemption pursuant to Section 35a, paragraph 1c, sentence 1 SGB V, the pharmaceutical company was requested to submit a dossier to the G-BA by 1 May 2022 pursuant to Chapter 5, Section 11, paragraph 3 Verfo.

The pharmaceutical company submitted the final dossier to the G-BA on 29 April 2022. In this, the pharmaceutical company submitted evidence pursuant to Section 35a, paragraph 1, sentence 3, numbers 1, 4 and 5 SGB V and evidence on the requirements for a quality-assured application of the reserve antibiotic, taking into account the effects on the resistance situation (Chapter 5 Verfo Annex II. 1 Section 1.4). The assessment procedure started on 1 May 2022.

The additional benefit is deemed to be proven if the Federal Joint Committee has decided on an exemption for a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V; the extent of the additional benefit and its therapeutic significance are not to be assessed by the Federal Joint Committee. By resolution pursuant to Section 35a, paragraph 3, sentence 1 SGB V, the Federal Joint Committee shall specify requirements for a quality-assured application of the reserve antibiotic, taking into account the effects on the resistance situation.

A draft of the requirements for a quality-assured application of the reserve antibiotic was made available to the Robert Koch Institute for drafting a statement in agreement with the BfArM in accordance with Section 35a, paragraph 1c SGB V.

The G-BA commissioned the IQWiG to assess the information provided by the pharmaceutical company in Module 3 of the dossier on treatment costs and patient numbers.

The draft of the requirements for a quality-assured application as well as the RKI statement drafted in agreement with the BfArM were published on the G-BA's website (www.g-ba.de) together with IQWiG's assessment of treatment costs and patient numbers, thus initiating the written statement procedure. In addition, an oral hearing was held.

The G-BA has adopted its resolution on the basis of the dossier of the pharmaceutical company, the draft of the requirements for a quality-assured application prepared by the G-BA taking into account the joint statement of RKI/BfArM, the IQWiG's assessment of treatment costs and patient numbers (IQWiG G22-18) and the statements submitted in the written statement and oral hearing procedure.

2.1 Additional benefit of the medicinal product

2.1.1 Approved therapeutic indication of Ceftolozane/ Tazobactam (Zerbaxa) according to the product information

Zerbaxa is indicated for the treatment of the following infections in adult and paediatric patients:

- Complicated intra-abdominal infections;
- Acute pyelonephritis;
- Complicated urinary tract infections.

Zerbaxa is also indicated for the treatment of the following infection in adult patients (18 years or older):

- Hospital-acquired pneumonia (HAP), including ventilator-associated pneumonia (VAP).

Consideration should be given to official guidance on the appropriate use of antibacterial agents.

Therapeutic indication of the resolution (resolution of 3 November 2022):

Treatment of the following infections in adults:

- Complicated intra-abdominal infections;
- Acute pyelonephritis;
- Complicated urinary tract infections;
- Hospital-acquired pneumonia (HAP), including ventilator-associated pneumonia (VAP)

2.1.2 Additional benefit of the medicinal product

In summary, the additional benefit of ceftolozane/ tazobactam is assessed as follows:

a) Adults with complicated intra-abdominal infections

Additional benefit of ceftolozane/ tazobactam:

The additional benefit is considered proven.

b) Adults with acute pyelonephritis

Additional benefit of ceftolozane/ tazobactam:

The additional benefit is considered proven.

c) Adults with complicated urinary tract infection

Additional benefit of ceftolozane/ tazobactam:

The additional benefit is considered proven.

d) Adults with hospital-acquired pneumonia, including ventilator-associated pneumonia

Additional benefit of ceftolozane/ tazobactam:

The additional benefit is considered proven.

Justification:

For the medicinal product Zerbaxa with the combination of active ingredients ceftolozane/ tazobactam, an exemption from the obligation to submit the evidence according to Section 35a, paragraph 1, sentence 3, numbers 2 and 3 SGB V was granted by resolution of 20 January 2022, as it is a reserve antibiotic within the meaning of Section 35a, paragraph 1c, sentence 1 SGB V.

The additional benefit is deemed to be proven if the Federal Joint Committee has decided on an exemption for a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V; the extent of the additional benefit and its therapeutic significance are not to be assessed by the Federal Joint Committee.

2.1.3 Summary of the assessment

Ceftolozane/ tazobactam is approved for the treatment of the following infections in adults:

- Complicated intra-abdominal infections;
- Acute pyelonephritis;
- Complicated urinary tract infections;
- Hospital-acquired pneumonia (HAP), including ventilator-associated pneumonia (VAP)

4 patient groups were formed according to the individual therapeutic indications.

The additional benefit of ceftolozane/ tazobactam is assessed for each of the patient groups as follows:

For the medicinal product Zerbaxa with the combination of active ingredients ceftolozane/ tazobactam, an exemption from the obligation to submit the evidence according to Section 35a, paragraph 1, sentence 3, numbers 2 and 3 SGB V was granted by resolution of 20 January 2022, as it is a reserve antibiotic within the meaning of Section 35a, paragraph 1c, sentence 1 SGB V.

The additional benefit is deemed to be proven if the Federal Joint Committee has decided on an exemption for a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V; the extent of the additional benefit and its therapeutic significance are not to be assessed by the Federal Joint Committee.

By resolution pursuant to Section 35a, paragraph 3, sentence 1 SGB V, the Federal Joint Committee specified the requirements for a quality-assured application of the reserve antibiotic pursuant to Section 35a, paragraph 1c, sentence 8 SGB V, taking into account the effects on the resistance situation.

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).

In the pharmaceutical company's dossier, limitations are applied to certain pathogens when calculating patient numbers, which is why the derivation is subject to greater uncertainties and tends to be underestimated. Since the requirements for a quality-assured application of ceftolozane/ tazobactam result in restrictive use for all therapeutic indications and, on the other hand, the spectrum of efficacy stated in the product information results in use predominantly for infections with Gram-negative organisms, the calculation of patient numbers is approximately analogous to that in the resolution on cefiderocol (resolution of the G-BA of 5 May 2022) in the therapeutic indication "infections caused by aerobic Gram-negative organisms for which only limited treatment options are available". Therefore, the data from the resolution on cefiderocol are used as a basis for the presentation of patient numbers for the entire therapeutic indication (all patient groups) of ceftolozane/ tazobactam.

The calculation was made using two different approaches based on data from the RKI and the HISS (Hospital Infection Surveillance System) pathogen surveillance, respectively, for 2019. These patient numbers are also to be assessed as uncertain overall.

However, a lower number of patients in the SHI target population may result particularly against the background of the restrictive use of ceftolozane/ tazobactam within the framework of a quality-assured application as a reserve antibiotic.

2.3 Requirements for a quality-assured application

By resolution pursuant to Section 35a, paragraph 3, sentence 1 SGB V, the Federal Joint Committee shall specify requirements for a quality-assured application of the reserve antibiotic, taking into account the effects on the resistance situation. The requirements for a quality-assured application are based on the draft prepared by the Federal Joint Committee and the statement of the Robert Koch Institute, which was prepared in agreement with the BfArM. The statements made in the written statement and oral hearing procedure were taken into account.

About the notes on application

Reference is made to the specifications of the marketing authorisation. The requirement that ceftolozane/ tazobactam may only be used for the treatment of infections mentioned in the therapeutic indication if only limited treatment options are available is specified in the present resolution within the framework of the requirements for a quality-assured application in order to ensure the strict indication pursuant to Section 35a, paragraph 1c SGB V.

According to the field of expertise, qualified consultation takes place with a specialist in the field of infectiology (internal medicine and infectiology¹, microbiology, virology and epidemiology of infectious diseases or additional qualification in infectiology) or, if not available, with a specialist from other disciplines who must have appropriate experience in the treatment of infectious diseases with multi-drug resistant pathogens. In this context, the wording "in case of unavailability" illustrates the special importance of the field of infectiology.

About the notes on pathogen detection

In principle, ceftolozane/ tazobactam should not be used as part of a calculated (empirical) therapy. The strict indication as a reserve antibiotic requires knowledge of the pathogen. Even in the exceptional cases mentioned, infection with a multi-drug resistant aerobic Gram-negative pathogen is at least probable. As a rule, pathogen detection can be expected after 72 hours at the latest. If the pathogen detection reveals that the pathogen is sensitive to other antibiotics (without reserve status), the therapy must be de-escalated accordingly to avoid unnecessary use of the reserve antibiotic. An empirical therapy with ceftolozane/ tazobactam should be as short as possible.

About the instructions for implementation

In order to implement the requirements for a quality-assured application, it is necessary that they are taken into account in the hospital's internal regulations/ processes.

The respective Drug Commission is responsible for integration into the processes. Evidence-based antibiotic stewardship teams (see S3 guideline: strategies to ensure rational antibiotic use in hospitals, update 2018) are particularly suitable for implementation.

Pursuant to Section 23 paragraph 4 Infection Protection Act, the treatment facility is obliged to carry out consumption and resistance surveillance, whereby there is no specification of the systems to be used. The use of a uniform system is necessary for the future assessment of the resistance and consumption situation. The RKI's ARS, AVS and ARVIA systems aggregate Germany-wide data on antibiotic resistance and consumption. ARS also forms the basis for Germany's participation in international surveillance systems.² For this reason, the participation of clinics using ceftolozane/ tazobactam in these systems should be sought.

If there has been no participation to date, the data must be reported to the above-mentioned systems at least for the reserve antibiotic ceftolozane/ tazobactam.

A transitional period until 1 January 2024 is considered appropriate for this.

Until participation in the mentioned systems, consumption and resistance situation must be ensured via the existing systems.

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 October 2022).

¹ Further training to become a specialist in internal medicine and infectiology was included in the sample further training regulations of the German Medical Association in 2021.

² Information at <https://ars.rki.de/>

Ceftolozane/ tazobactam (Zerbaxa) is listed in the LAUER-TAXE®, but is only dispensed as a clinic pack. Accordingly, the active ingredient is not subject to the Pharmaceutical Price Ordinance (Arzneimittelpreisverordnung), and no rebates according to Section 130 or Section 130a SGB V apply. The calculation is based on the purchase price of the clinic pack plus 19% value added tax, in deviation from the LAUER-TAXE® data usually taken into account.

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 plus value added tax.

Treatment period:

The time unit "days" is used to calculate the "number of treatments/ patient/ year", time intervals between individual treatments and for the maximum treatment duration, if specified in the product information.

According to the product information, treatment with ceftolozane/ tazobactam may be required for 4 to 14 days, depending on the therapeutic indication.

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Medicinal product to be assessed				
Ceftolozane/ tazobactam				
Therapeutic indication a) cIAI	3 x daily	4 – 14	1	4 – 14
Therapeutic indication b) cUTI Therapeutic indication c) pyelonephritis	3 x daily	7	1	7
Therapeutic indication d) HAP/VAP	3 x daily	8 – 14	1	8 – 14

Consumption:

For the cost representation, only the dosages of the general case are considered. Patient-individual dose adjustments (e.g., because of side effects or co-morbidities) are not taken into account when calculating the annual treatment costs.

The (daily) doses recommended in the product information were used as the calculation basis.

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					
Ceftolozane/ tazobactam					
Therapeutic indication a) cIAI	1 g/ 0.5 g	3 x 1 g/ 0.5 g	3 x 1 g/ 0.5 g	4 – 14	12 x 1 g/ 0.5 g – 42 x 1 g/ 0.5 g
Therapeutic indication b) cUTI Therapeutic indication c) pyelonephritis	1 g/ 0.5 g	3 x 1 g/ 0.5 g	3 x 1 g/ 0.5 g	7	21 x 1 g/ 0.5 g
Therapeutic indication d) HAP/VAP	2 g/ 1 g	6 x 1 g/ 0.5 g	6 x 1 g/ 0.5 g	8 – 14	48 x 1 g/ 0.5 g – 84 x 1 g/ 0.5 g

Costs:

Costs of the medicinal products:

Designation of the therapy	Packaging size	Costs (clinic purchase registry)	Value added tax (19%)	Costs of the medicinal product
Medicinal product to be assessed				
Ceftolozane/ tazobactam 1 g/ 0.5 g	10 PIC	€ 915.00	€ 173.85	€ 1,088.85
Abbreviations: PIC = powder for the preparation of an infusion solution concentrate				

LAUER-TAXE® last revised: 15 October 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.

No additionally required SHI services are taken into account for the cost representation.

Other SHI services:

The special agreement on contractual unit costs of retail pharmacist services (Hilfstaxe) (Sections 4 and 5 of the Pharmaceutical Price Ordinance) from 01.10.2009 is not fully used to calculate costs. Alternatively, the pharmacy sales 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 Hilfstaxe in its currently valid version, surcharges for the production of infusion solutions containing antibiotics and virustatics amount to a maximum of € 39 per ready-to-apply unit. These additional other costs are not added to the pharmacy sales price but rather follow the rules for calculating in the Hilfstaxe. The cost representation is based on the pharmacy retail price and the maximum surcharge for the preparation 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 ingredient, the invoicing of discards, the calculation of application containers, and carrier solutions in accordance with the regulations in Annex 3 of the Hilfstaxe.

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 29 April 2022, the pharmaceutical company submitted a dossier for the benefit assessment of ceftolozane/ tazobactam to the G-BA in due time.

The draft of the G-BA's requirements for a quality-assured application was published on the G-BA's website (www.g-ba.de) on 15 August 2022 together with the Robert Koch Institute's statement and IQWiG's assessment of treatment costs and patient numbers, thus initiating the written statement procedure. The deadline for submitting written statements was 5 September 2022.

The oral hearing was held on 26 September 2022.

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 25 October 2022, and the draft resolution was approved.

At its session on 3 November 2022, the plenum adopted a resolution to amend the Pharmaceuticals Directive.

Chronological course of consultation

Session	Date	Subject of consultation
Working group Section 35a	31 May 2022 3 August 2022	Consultation on the draft requirements for a quality-assured application
Subcommittee Medicinal products	8 June 2022	Draft requirements for a quality-assured application; notification of the RKI and the BfArM
Subcommittee Medicinal products	9 August 2022	Draft requirements for a quality-assured application under consideration of the statement of the Robert Koch Institute
Working group Section 35a	21 September 2022	Information on written statements received; preparation of the oral hearing
Subcommittee Medicinal products	26 September 2022	Conduct of the oral hearing
Working group Section 35a	05.10.2022; 19.10.2022;	Consultation on the draft requirements for a quality-assured application of the G-BA, the assessment of treatment costs and patient numbers by the IQWiG, and the evaluation of the written statement procedure
Subcommittee Medicinal products	25 October 2022	Concluding discussion of the draft resolution
Plenum	3 November 2022	Adoption of the resolution on the amendment of Annex XII AM-RL

Berlin, 3 November 2022

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

Prof. Hecken