

# 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  
Eravacycline (complicated intra-abdominal infections (cIAI))

of 19 January 2023

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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 21 April 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 Xerava with the active ingredient eravacycline according to Section 35a, paragraph 1, sentence 3, numbers 2 and 3 SGB V, since the medicinal product Xerava with the active ingredient eravacycline for the treatment of complicated intra-abdominal infections is a reserve antibiotic within the meaning of Section 35a, paragraph 1c, sentence 1 SGB V.

The active ingredient eravacycline was listed for the first time on 1 August 2022 in the "LAUER-TAXE®", the extensive German registry of available drugs and their prices.

By resolution of 17 June 2021, the G-BA suspended the application procedure following the receipt of the application on 4 May 2021 for exemption from the obligation to submit evidence according 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. 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 of 3 August 2021, the G-BA, in concretisation of the decision of 17 June 2021, requested the pharmaceutical company to confirm its application for exemption in a binding manner by the end of the day on which the suspension ends at the latest and to provide further justification for this by 31 January 2022 at the latest. Following the binding application confirmation of 28 October 2021, the pharmaceutical company substantiated its application by letter of 28 January 2022. 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 June 2021.

By resolution of 21 April 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 August 2022 pursuant to Chapter 5, Section 11, paragraph 3 VerfO.

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 28 July 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 August 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](http://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 G22-26) 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 Eravacycline (Xerava) in accordance with the product information**

Xerava is indicated for the treatment of complicated intra-abdominal infections (cIAI) in adults.

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

#### **Therapeutic indication of the resolution (resolution of 19.01.2023):**

see the approved therapeutic indication

### **2.1.2 Extent of the additional benefit and significance of the evidence**

The additional benefit of eravacycline is assessed as follows:

#### Adults with complicated intra-abdominal infections (cIAI)

The additional benefit is considered proven.

Justification:

For the medicinal product Xerava with the active ingredient eravacycline, an exemption from the obligation to submit the evidence according to Section 35a paragraph 1 sentence 3 number 2 and 3 SGB V was granted by resolution of 21 April 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**

Eravacycline is used in adults for the treatment of complicated intra-abdominal infections (cIAI).

The additional benefit of eravacycline is assessed as follows:

#### Adults with complicated intra-abdominal infections (cIAI)

The additional benefit is considered proven.

For the medicinal product Xerava with the active ingredient eravacycline, an exemption from the obligation to submit the evidence according to Section 35a paragraph 1 sentence 3

number 2 and 3 SGB V was granted by resolution of 21 April 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).

The derivation of the patient numbers in the pharmaceutical company's dossier is subject to greater uncertainties. Since the requirements for a quality-assured application for eravacycline result in restrictive use, and on the other hand other alternative therapy options are available for Gram-positive pathogens (especially MRSA), use is predominantly for infections with Gram-negative pathogens. This enables an approximately analogous calculation of patient numbers as 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 therapeutic indication of eravacycline.

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. Due to the limited therapeutic indications of eravacycline (only complicated intra-abdominal infections) compared to cefiderocol, there is additional uncertainty.

Particularly against the background, a lower number of patients in the SHI target population may result particularly against the background of the restrictive use of eravacycline 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 eravacycline may only be used for the treatment of infections mentioned in the therapeutic indication if only limited treatment options are available is determined in the present resolution within the framework of the requirements for a quality-assured application in order to ensure the strict indication for all therapeutic indications 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 infectiology<sup>1</sup>, 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.

### About the notes on pathogen detection

In principle, eravacycline 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 pathogen from the pathogen list of the RKI is at least probable. 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. Empirical therapy with eravacycline 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.<sup>2</sup> For this reason, the participation of clinics using eravacycline 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 eravacycline.

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.

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<sup>1</sup> 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.

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

## 2.4 Treatment costs

The treatment costs are based on the contents of the product information and the information listed in the LAUER-TAXE® (last revised: 1 January 2023).

Eravacycline 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:

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Medicinal product to be assessed				
Eravacycline	2 x daily	4 - 14	1	4 - 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 comorbidities, are not taken into account when calculating the annual treatment costs.

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.

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

For dosages depending on body weight, the average body measurements from the official representative statistics "Microcensus 2017 – body measurements of the population" were applied. The average adult body weight is therefore 77 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					
Eravacycline	1 mg/kg BW = 77 mg	77 mg	2 x 100 mg	4 - 14	8 x 100 mg – 28 x 100 mg



## 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				
Eravacycline 100 mg	10 PCI	€ 1,250.00	€ 237.50	€ 1,487.50
Abbreviations: PCI = powder for the preparation of an infusion solution				

LAUER-TAXE® last revised: 1 January 2023

### 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.

## **2.5 Medicinal products with new active ingredients according to Section 35a, paragraph 3, sentence 4 SGB V that can be used in a combination therapy with Eravacycline**

According to Section 35a, paragraph 3, sentence 4, the Federal Joint Committee shall designate all medicinal products with new active ingredients that can be used in a combination



therapy with the assessed medicinal product for the therapeutic indication to be assessed on the basis of the marketing authorisation under Medicinal Products Act.

In accordance with Section 2, paragraph 1, sentence 1 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV), only medicinal products containing active ingredients whose effects are not generally known in medical science at the time of initial marketing authorisation are to be considered within the framework of the designation of medicinal products with new active ingredients that can be used in a combination therapy. According to Section 2, paragraph 1, sentence 2 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV), a medicinal product with a new active ingredient is considered to be a medicinal product with a new active ingredient for as long as there is dossier protection for the medicinal product with the active ingredient that was authorised for the first time.

The designation of the combination therapies is based solely on the specifications according to Section 35a, paragraph 3, sentence 4. The G-BA does not conduct a substantive review based on the generally recognised state of medical knowledge. Thus, the designation is not associated with a statement as to the extent to which a therapy with the designated medicinal product with new active ingredient in combination with the medicinal product to be assessed corresponds to the generally recognised state of medical knowledge.

### **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 July 2022, the pharmaceutical company submitted a dossier for the benefit assessment of eravacycline to the G-BA in due time in accordance with Chapter 5, Section 8, paragraph 1, number 1, sentence 2 VerfO.

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](http://www.g-ba.de)) on 1 November 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 22 November 2022.

The oral hearing was held on 5 December 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 was discussed at the session of the subcommittee on 10 January 2023, and the proposed resolution was approved.

At its session on 19 January 2023, the plenum adopted a resolution to amend the Pharmaceuticals Directive.

## Chronological course of consultation

Session	Date	Subject of consultation
Working group Section 35a	31 August 2022 19 October 2022	Consultation on the draft requirements for a quality-assured application
Subcommittee Medicinal product	6 September 2022	Draft requirements for a quality-assured application; notification of the RKI and the BfArM
Subcommittee Medicinal product	25 October 2022	Draft requirements for a quality-assured application under consideration of the statement of the Robert Koch Institute
Working group Section 35a	30 November 2022	Information on written statements received; preparation of the oral hearing
Subcommittee Medicinal product	5 December 2022	Conduct of the oral hearing
Working group Section 35a	14 December 2022 4 January 2023	Consultation on the 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 product	10 January 2023	Concluding discussion of the draft resolution
Plenum	19 January 2023	Adoption of the resolution on the amendment of Annex XII AM-RL

Berlin, 19 January 2023

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

Prof. Hecken