Polihexanide (Acanthamoeba keratitis; ≥ 12 years)

Resolution of: 20 March 2025 Valid until: unlimited
Entry into force on: 20 March 2025
Federal Gazette, BAnz AT 25.04.2025 B2

Therapeutic indication (according to the marketing authorisation of 28 August 2024):

AKANTIOR is indicated for the treatment of Acanthamoeba keratitis in adults and children from 12 years of age.

Therapeutic indication of the resolution (resolution of 20 March 2025):

See therapeutic indication according to marketing authorisation.

1. Extent of the additional benefit and significance of the evidence

Polihexanide is approved as a medicinal product for the treatment of rare diseases in accordance with Regulation (EC) No. 141/2000 of the European Parliament and the Council of 16 December 1999 on orphan drugs. In accordance with Section 35a, paragraph 1, sentence 11, 1st half of the sentence SGB V, the additional medical benefit is considered to be proven through the grant of the marketing authorisation.

The G-BA determines the extent of the additional benefit for the number of patients and patient groups for which there is a therapeutically significant additional benefit in accordance with Chapter 5 Section 12, paragraph 1, number 1, sentence 2 of its Rules of Procedure (VerfO) in conjunction with Section 5, paragraph 8 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV), indicating the significance of the evidence. This quantification of the additional benefit is based on the criteria laid out in Chapter 5 Section 5, paragraph 7, numbers 1 to 4 of the Rules of Procedure (VerfO).

Patients from 12 years of age with Acanthamoeba keratitis

Extent of the additional benefit and significance of the evidence of polihexanide:

Hint for a non-quantifiable additional benefit since the scientific data does not allow quantification.

Study results according to endpoints:[1]

Patients from 12 years of age with Acanthamoeba keratitis

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	n.a.	The data are not assessable.
Morbidity	n.a.	The data are not assessable.
Health-related quality of life	n.a.	The data are not assessable.
Side effects	n.a.	The data are not assessable.
Explanations: ↑: statistically significant and relevant positive effect with low/unclear reliability of data ↓: statistically significant and relevant negative effect with low/unclear reliability of data ↑↑: statistically significant and relevant positive effect with high reliability of data ↓↓: statistically significant and relevant negative effect with high reliability of data ↔: no statistically significant or relevant difference ∅: No data available. n.a.: not assessable		

043/SI study: randomised, controlled phase III study of polihexanide (0.8 mg/ml) versus polihexanide (0.2 mg/ml) and propamidine (1 mg/ml); presentation of the intervention arm (polihexanide 0.8 mg/ml)

Mortality

Endpoint	Polihexanide N = 69	
	N	Patients with event n (%)
Overall mortality		
No deaths occurred.		

[1] Data from the dossier evaluation of the G-BA (published on 2. January 2025), and from the amendment to the dossier assessment from 27 February 2025, unless otherwise indicated.

Morbidity

Endpoint	Polihexanide N = 66[a]	
	Patients with event n (%)	Clinical cure rate in %, [95% CI]
Clinical cure rate within 12 months (presented additionally; primary endpoint)		
	56 (84.8)	84.8 [73.9; 92.5]

Endpoint	Polihexanide N = 65[b,c]			
	N	MV at baseline (SD)	N	Change in MV from baseline to end of study (SD)
Health status (EQ-5D VAS)[d]				
	64	69.8 (19.5)	60	17.9 (19.6)
General health status (VFQ-25 subscale)[d]				
	64	61.7 (29.5)	60	12.9 (27.8)

Quality of life

Endpoint	Polihexanide N = 65[c]			
	N	MV at baseline (SD)	N	Change in MV from baseline to end of study (SD)
VFQ-25 Health-related quality of life (summary score)[e]				
	64	64.9 (22.3)	60	23.5 (19.4)

Side effects

Endpoint MedDRA system organ classes	**Polihexanide** **N = 69**	
	N	**Patients with event** **n (%)**
Total adverse events (presented additionally)		31 (44.9)
Serious adverse events (SAE)		0
Severe adverse events (CTCAE grade 3 or 4)		4 (5.8)
Therapy discontinuation due to adverse events[f]		7 (10.1)
Severe adverse events according to MedDRA system organ class (with an incidence ≥ 10%)		
No severe AEs with an incidence ≥ 10%		
SAEs according to MedDRA system organ class (with an incidence ≥ 10%)		
No SAE with an incidence ≥ 10%		
a. Efficacy population. 3 subjects with unconfirmed AK were removed from the analysis of the efficacy endpoints. b. EQ-5D VAS: Exact definition of the analysis population unclear. Deviating from the efficacy population described under a. c: VFQ-25: Efficacy population. The questionnaire was only completed by participants who were older than 18 at the time of the study. d. Values from 0 to 100; higher values correspond to better health status. e. Values from 0 to 100; higher values correspond to higher quality of life. f. The study participants received the study medication until they were cured or for up to 12 months if they were not cured. The investigators could withdraw participants from the study in case of occurrence of SAE, treatment failure, participating subject's decision or ocular intolerance. Abbreviations used: AK: Acanthamoeba keratitis, CTCAE = Common Terminology Criteria for Adverse Events; EQ-5D VAS: Visual Analogue Scale of the European Quality of Life 5-Dimensions, CI = confidence interval; MedDRA: Medical Dictionary for Regulatory Activities; MV: mean value; N = number of patients evaluated; n = number of patients with (at least one) event; SD: standard deviation, VFQ-25: Visual Function Questionnaire-25		

2. Number of patients or demarcation of patient groups eligible for treatment

Patients from 12 years of age with Acanthamoeba keratitis

Approx. 70 to 410 patients

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 Akantior (active ingredient: polihexanide) at the following publicly accessible link (last access: 4 December 2024):

https://www.ema.europa.eu/en/documents/product-information/akantior-epar-product-information_en.pdf

Treatment with polihexanide should only be initiated and monitored by doctors experienced in the therapy of Acanthamoeba keratitis.

Akantior must be discontinued in patients who are not cured within 12 months of starting treatment.

4. Treatment costs

Annual treatment costs:

Patients from 12 years of age with Acanthamoeba keratitis

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Polihexanide	€ 57,621.39 - € 435,366.03[2]

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 March 2025)

Costs for additionally required SHI services: not applicable

5. Designation of 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 the assessed medicinal product

In the context of the designation of medicinal products with new active ingredients pursuant to Section 35a, paragraph 3, sentence 4 SGB V, the following findings are made:

Patients from 12 years of age with Acanthamoeba keratitis

- No medicinal product with new active ingredients that can be used in a combination therapy and fulfils the requirements of Section 35a, paragraph 3, sentence 4 SGB V.

The designation of combinations exclusively serves the implementation of the combination discount according to Section 130e SGB V between health insurance funds and pharmaceutical companies. The findings made neither restrict the scope of treatment required to fulfil the medical treatment mandate, nor do they make statements about expediency or economic feasibility.

[2] Entire medicinal product packages (N1 and N3) were used to calculate the treatment costs.