Ravulizumab (New therapeutic indication: myasthenia gravis, anti-AChR antibody-positive)

Resolution of: 20 April 2023 / 21 September 2023    Valid until: unlimited
Entry into force on: 20 April 2023 / 21 September 2023
Federal Gazette, BAzn AT 14 04 2023 B2 / 05.10.2023 B3

New therapeutic indication (according to the marketing authorisation of 21 September 2022):
Ultomiris is indicated as an add-on to standard therapy for the treatment of adult patients with generalised myasthenia gravis (gMG) who are anti-acetylcholine receptor (AChR) antibody-positive.

Therapeutic indication of the resolution (resolution of 20 April 2023):
See new therapeutic indication according to marketing authorisation.

1. Additional benefit of the medicinal product in relation to the appropriate comparator therapy

Adults with anti-acetylcholine receptor antibody-positive generalised myasthenia gravis who are eligible for an add-on to standard therapy

Appropriate comparator therapy for ravulizumab as an add-on to standard therapy:
- Eculizumab (for refractory patients) or efgartigimod alfa

Extent and probability of the additional benefit of ravulizumab as an add-on to standard therapy compared to the appropriate comparator therapy:
An additional benefit is not proven.

Study results according to endpoints:¹
Adults with anti-acetylcholine receptor antibody-positive generalised myasthenia gravis who are eligible for an add-on to standard therapy

There are no assessable data.

¹ Data from the dossier assessment of the Institute for Quality and Efficiency in Health Care (IQWiG) (A22-115) unless otherwise indicated.
Summary of results for relevant clinical endpoints

<table>
<thead>
<tr>
<th>Endpoint category</th>
<th>Direction of effect/risk of bias</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality</td>
<td>n.a.</td>
<td>There are no assessable data.</td>
</tr>
<tr>
<td>Morbidity</td>
<td>n.a.</td>
<td>There are no assessable data.</td>
</tr>
<tr>
<td>Health-related quality of life</td>
<td>n.a.</td>
<td>There are no assessable data.</td>
</tr>
<tr>
<td>Side effects</td>
<td>n.a.</td>
<td>There are no assessable data.</td>
</tr>
</tbody>
</table>

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

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

Adults with anti-acetylcholine receptor antibody-positive generalised myasthenia gravis who are eligible for an add-on to standard therapy

approx. 800 – 1,200 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 Ultomiris (active ingredient: ravulizumab) at the following publicly accessible link (last access: 25 January 2023):


Treatment with ravulizumab should only be initiated and monitored by doctors experienced in the therapy of neuromuscular diseases.

In accordance with the European Medicines Agency (EMA) requirements regarding additional risk minimisation measures, the pharmaceutical company must provide training material that contains information for medical professionals and patients. In particular, the training material contains instructions regarding the increased risk of meningococcal infection under ravulizumab.
4. Treatment costs

Adults with anti-acetylcholine receptor antibody-positive generalised myasthenia gravis who are eligible for an add-on to standard therapy

Annual treatment costs:

<table>
<thead>
<tr>
<th>Medicinal product to be assessed:</th>
<th>Annual treatment costs/ patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ravulizumab</td>
<td>€ 360,614.28</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appropriate comparator therapy:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Eculizumab</td>
<td>€ 483,488.59 - € 644,651.46</td>
</tr>
<tr>
<td>Efgartigimod alfa</td>
<td>€ 68,750.08 - € 508,750.59</td>
</tr>
</tbody>
</table>

Costs for additionally required SHI services: not applicable

Other SHI services:

<table>
<thead>
<tr>
<th>Medicinal product to be assessed:</th>
<th>Type of service</th>
<th>Costs/ unit</th>
<th>Number/ cycle</th>
<th>Number/ patient/ year</th>
<th>Costs/ patient/ year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ravulizumab</td>
<td>Surcharge for the preparation of a parenteral solution containing monoclonal antibodies</td>
<td>€ 100</td>
<td>6.5</td>
<td>1</td>
<td>€ 650</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Appropriate comparator therapy:</th>
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</tr>
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</table>

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 01 April 2023

Courtesy translation – only the German version is legally binding.
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 Ravulizumab**

Medicinal products with the new active ingredients pursuant to Section 35a, paragraph 3, sentence 4 SGB V are medicinal products with the following new active ingredients that can be used in a combination therapy with ravulizumab for the treatment of adults with acetylcholine receptor antibody-positive generalised myasthenia gravis on the basis of the marketing authorisation granted under Medicinal Products Act:

**Adults with anti-acetylcholine receptor antibody-positive generalised myasthenia gravis who are eligible for an add-on to standard therapy**

- No active ingredient that can be used in a combination therapy that 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.