Resolution

Gemeinsamer Bundesausschuss

of the Federal Joint Committee (G-BA) on an Amendment of the Pharmaceuticals Directive (AM-RL): Annex XII – Benefit Assessment of Medicinal Products with New Active Ingredients According to Section 35a SGB V Dolutegravir/Lamivudine

of 6 February 2020

At its session on 6 February 2020, the Federal Joint Committee (G-BA) resolved to amend the Directive on the Prescription of Medicinal Products in SHI-accredited Medical Care (Pharmaceuticals Directive, AM-RL) in the version dated 18 December 2008 / 22 January 2009 (Federal Gazette, BAnz. No. 49a of 31 March 2009), as last amended on DD Month YYYY (Federal Gazette, BAnz AT DD MM YYYY BX), as follows:

I. Annex XII shall be amended in alphabetical order to include the active ingredient combination dolutegravir/lamivudine as follows:

Dolutegravir/Lamivudine

Resolution of: 6 February 2020
Entry into force on: 6 February 2020
Federal Gazette, BAnz AT DD MM YYYY Bx

Therapeutic indication (according to the marketing authorisation of 1 July 2019):

Dovato is indicated for the treatment of Human Immunodeficiency Virus type 1 (HIV-1) infection in adults and adolescents above 12 years of age weighing at least 40 kg, with no known or suspected resistance to the integrase inhibitor class, or lamivudine.

a) Additional benefit of the medicinal product in relation to the appropriate comparator therapy

a) Therapy naïve adult HIV-1 patients who have no known or suspected resistance to the integrase inhibitor class or lamivudine.

Appropriate comparator therapy:

Rilpivirine in combination with tenofovir disoproxil/alafenamide plus emtricitabine or in combination with abacavir plus lamivudine

or

Dolutegravir in combination with tenofovir disoproxil/alafenamide plus emtricitabine or in combination with abacavir plus lamivudine

Extent and probability of the additional benefit of the combination of dolutegravir/lamivudine compared with dolutegravir + tenofovir disoproxil/emtricitabine:

An additional benefit is not proven

b) Therapy experienced adult HIV-1 patients who have no known or suspected resistance to the integrase inhibitor class or lamivudine.

Appropriate comparator therapy:

A patient-individual antiretroviral therapy using a selection of approved active ingredients; taking into account the previous therapy(ies) and the reason for the change of therapy, in particular therapy failure because of virological failure and possible associated development of resistance or because of side effects.

Extent and probability of the additional benefit of the combination of dolutegravir/lamivudine compared with the continuation of the existing antiretroviral therapy:

An additional benefit is not proven

c) Therapy naïve adolescent HIV-1 patients above 12 years who have no known or suspected resistance to the integrase inhibitor class or lamivudine.

Appropriate comparator therapy:

Rilpivirine in combination with tenofovir alafenamide plus emtricitabine or in combination with abacavir plus lamivudine

or

Dolutegravir in combination with tenofovir alafenamide plus emtricitabine or in combination with abacavir plus lamivudine

Extent and probability of the additional benefit of the combination of dolutegravir/lamivudine compared with the appropriate comparator therapy:

An additional benefit is not proven

d) Therapy experienced adolescent HIV-1 patients above 12 years who have no known or suspected resistance to the integrase inhibitor class or lamivudine.

Appropriate comparator therapy:

A patient-individual antiretroviral therapy using a selection of approved active ingredients; taking into account the previous therapy(ies) and the reason for the change of therapy, in particular therapy failure because of virological failure and possible associated development of resistance or because of side effects.

Extent and probability of the additional benefit of the combination of dolutegravir/lamivudine compared with the appropriate comparator therapy:

An additional benefit is not proven

Study results according to endpoints:[1]

a) Therapy naïve adult HIV-1 patients who have no known or suspected resistance to the integrase inhibitor class or lamivudine.

RCTs GEMINI-1 and GEMINI-2 (dolutegravir/lamivudine (DTG+3TC) vs dolutegravir + tenofovir disoproxil/emtricitabine (DTG + TDF/FTC); 96 weeks)

Endpoint category Endpoint Study	DTG + 3TC		DTG + TDF/FTC		DTG + 3TC vs DTG + TDF/FTC
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI]; p value[a, b]
Mortality					
Overall mortality					
GEMINI-1	356	1 (0.3[c])	358	0 (0)	3.02 [0.12; 73.81]; 0.499
GEMINI-2	360	2 (0.6[c])	359	0 (0)	6.98 [0.36; 134.66]; 0.198
Total					4.74 [0.54; 41.59]; 0.160
Morbidity					
AIDS-defining events (CDC class C)					
GEMINI-1	356	4 (1)	358	2 (0.6[c])	1.97 [0.37; 10.60]; 0.430
GEMINI-2	360	3 (0.8[c])	359	1 (0.3[c])	2.91 [0.30; 27.88]; 0.355
Total					2.26 [0.59; 8.71]; 0.235
Virological response (HIV-1 RNA < 50 copies/ml)[d]					
GEMINI-1	356	300 (84)	358	320 (89)	0.95 [0.90; 1.01]; 0.091
GEMINI-2	360	316 (88)	359	322 (90)	0.98 [0.93; 1.03]; 0.489
Total					0.96 [0.93; 1.00]; 0.055
Effect modification on the endpoint virological response by baseline CD4+ cell number/mm³					
GEMINI-1					
≤ 200	31	20 (65)	29	26 (90)	0.74 [0.56; 0.99]; 0.045
> 200	325	280 (86)	329	294 (89)	0.96 [0.91; 1.02]; 0.217
GEMINI-2					
≤ 200	32	23 (72)	26	22 (85)	0.85 [0.65; 1.12]; 0.249
> 200	328	293 (89)	333	300 (90)	0.99 [0.94; 1.04]; 0.619
Total					Interaction: 0.045[d)]
≤ 200					0.80 [0.65; 0.97][d)]; 0.023[d)]
> 200					0.98 [0.94; 1.01][d)]; 0.222[d)]
Virological failure (HIV-1 RNA ≥ 50 copies/ml)[d]					
GEMINI-1	356	11 (3)	358	5 (1)	2.19 [0.77; 6.20]; 0.139
GEMINI-2	360	11 (3)	359	9 (3)	1.22 [0.51; 2.91]; 0.655
Total					1.55 [0.80; 3.02]; 0.198
Endpoint category	**DTG + 3TC**		**DTG + TDF/FTC**		**DTG + 3TC vs DTG + TDF/FTC**

[1]Data from the dossier evaluation of the IQWiG (A19-55) as well as the corresponding addenda (A19-102, A19-103) unless otherwise indicated.

Endpoint Study	N[h]	Values at start of study MV (SD)	Change at week 48 MV (SD)	N[h]	Values at start of study MV (SD)	Change at week 48 MV (SD)	MD [95% CI]; p value
Morbidity							
Health status (EQ-5D VAS[i])							
GEMINI-1	No data available	87.4 (11.61)	3.2 (11.80)	No data available	84.6 (13.93)	3.2 (14.18)	1.7 [0.2; 3.2]; 0.027[j]
GEMINI-2	No data available	85.6 (12.41)	4.4 (11.16)	No data available	85.7 (12.89)	5.0 (12.84)	−0.7 [−2.1; 0.7]; 0.318[j]
Total	Heterogeneity: Q = 5.0; df = 1; p = 0.025; I^2 = 80.0%[k]						
CD4 cell count/mm^3							
GEMINI-1	356	464.2 (222.5)	264.1 (203.0)	358	453.6 (195.6)	254.3 (207.1)	10.85 [−20.70; 42.40]; 0.500[k)]
GEMINI-2	360	459.8 (216.2)	268.3 (195.6)	359	469.0 (229.2)	265.3 (207.6)	7.40 [−23.17; 37.97]; 0.635[k)]
Total							6,71 [−12.59; 26.02]; 0.496[g]

Endpoint category Endpoint Study	DTG + 3TC		DTG + TDF/FTC		DTG + 3TC vs DTG + TDF/FTC
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI]; p value[a, b]
Health-related quality of life					
GEMINI-1	Endpoint not recorded				
GEMINI-2	Endpoint not recorded				
Side effects					
AEs (additionally shown)					
GEMINI-1	356	299 (84)	358	309 (86)	—
GEMINI-2	360	292 (81)	359	300 (84)	—
SAEs[e]					
GEMINI-1	356	30 (8)	358	30 (8)	1.00 [0.62; 1.63]; 0.984
GEMINI-2	360	32 (9)	359	37 (10)	0.87 [0.55; 1.36]; 0.543
Total					0.93 [0.67; 1.29]; 0.660
Severe AEs (DAIDS grade 3–4)					
GEMINI-1	356	32 (9)	358	30 (8)	1.08 [0.67; 1.73]; 0.762
GEMINI-2	360	33 (9)	359	41 (11)	0.81 [0.52; 1.24]; 0.329
Total					0.92 [0.67; 1.74]; 0.627

Endpoint category Endpoint Study	DTG + 3TC		DTG + TDF/FTC		DTG + 3TC vs DTG + TDF/FTC
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI]; p value[a, b]
Discontinuation because of AEs					
GEMINI-1	356	14 (4)	358	11 (3)	1.28 [0.59; 2.78]; 0.531
GEMINI-2	360	10 (3)	359	12 (3)	0.85 [0.37; 1.93]; 0.692
Total					1.06 [0.60; 1.86]; 0.848
Gastrointestinal disorders (SOC)					
GEMINI-1	356	131 (37)	358	141 (39)	0.93 [0.77; 1.13]; 0.474
GEMINI-2	360	123 (34)	359	139 (39)	0.88 [0.72; 1.07]; 0.190
Total					0.91 [0.79; 1.13]; 0.158
Nausea (PT)					
GEMINI-1	356	13 (4)	358	32 (9)	0.41 [0.22; 0.77]; 0.005
GEMINI-2	360	16 (4)	359	26 (7)	0.61 [0.34; 1.12]; 0.114
Total					0.50 [0.33; 0.78]; 0.002
Skin and subcutaneous tissue disorders (SOC)					
GEMINI-1	356	70 (20)	358	61 (17)	1.17 [0.86; 1.59]; 0.329
GEMINI-2	360	57 (16)	359	65 (18)	0.87 [0.63; 1.21]; 0.414
Total					1.02 [0.81; 1.27]; 0.876
Nervous system disorders (SOC)					
GEMINI-1	356	68 (19)	358	83 (23)	0.83 [0.62; 1.10]; 0.187
GEMINI-2	360	60 (17)	359	77 (21)	0.77 [0.57; 1.05]; 0.095
Total					0.80 [0.65; 0.99]; 0.038
Psychiatric disorders (SOC)					
GEMINI-1	356	75 (21)	358	77 (22)	0.98 [0.74; 1.30]; 0.903
GEMINI-2	360	49 (14)	359	61 (17)	0.80 [0.57; 1.13]; 0.213
Total					0.90 [0.73; 1.12]; 0.357
Nasopharyngitis (PT)					
GEMINI-1	356	40 (11)	358	53 (15)	0.76 [0.52; 1.11][f]; no data available
GEMINI-2	360	31 (9)	359	61 (17)	0.51 [0.34; 0.76][f]; no data available
Total					0.62 [0.47; 0.82]; < 0.001[g]
Arthralgia (PT)					
GEMINI-1	356	5 (1)	358	18 (5)	0.28 [0.10; 0.74][f]; no data available
GEMINI-2	360	15 (4)	359	20 (6)	0.75 [0.39; 1.44][f]; no data available
Total					0.53 [0.31; 0.89]; 0.018[g]

a) Unless otherwise indicated, modelling unclear, adjusted for CD4+ cell count (≤ 200 vs > 200 cells/mm³) and viral load (≤ 100 000 vs > 100 000 copies/ml), each at baseline; test statistics unclear

Endpoint category Endpoint Study	DTG + 3TC N Patients with event n (%)	DTG + TDF/FTC N Patients with event n (%)	DTG + 3TC vs DTG + TDF/FTC RR [95% CI]; p value[a, b]

b) Unless otherwise indicated, overall effect: meta-analysis with fixed effect (inverse variance)
c) Own calculation
d) Evaluation in accordance with FDA snapshot algorithm
e) Without fatal SAEs
f) Own calculation of RR and CI (asymptotic)
g) Own calculation, model with fixed effect (inverse variance, Mantel-Haenszel)
h) a: Number of patients included in the evaluation to calculate the effect estimate; values at the start of study may be based on other patient numbers.
i) Higher values indicate a better health status; a positive group difference means an advantage for DTG/3TC
j) MMRM-LOCF evaluation; MMRM adjusted for treatment, rounds, baseline plasma HIV-1 RNA, baseline CD4+ cell count, and baseline EQ-5D VAS as well as interactions between treatment and rounds and baseline EQ-5D VAS and rounds
k) MMRM adjusted for treatment, rounds, baseline plasma HIV-1 RNA, and baseline CD4+ cell count as well as interactions between treatment and rounds and baseline CD4+- and rounds

Abbreviations: 3TC: lamivudine; AIDS: acquired immunodeficiency syndrome; $CD4^+$: cluster of differentiation 4 positive; CDC: Centres for Disease Control and Prevention; DAIDS: Division of AIDS; DTG: dolutegravir; FDA: Food and Drug Administration; EQ-5D: European Quality of Life 5 Dimensions; FTC: emtricitabine; HIV: human immunodeficiency virus; CI: Confidence interval; MD: mean difference; MMRM: mixed model with repeated measurements; MV: mean value; n: Number of patients with (at least 1) event; n.c.: not calculated; N: number of patients evaluated; RCT: randomised controlled trial; RNA: ribonucleic acid; RR: relative risk, SD: standard deviation; SAE: serious adverse event; TDF: tenofovir disoproxil; AE: adverse event; VAS: visual analogue scale; vs: versus

Summary of results for relevant clinical endpoints

Endpoint category	Effect	Summary
Mortality	↔	There is no relevant difference for the benefit assessment.
Morbidity	↔	There is no relevant difference for the benefit assessment.
Health-related quality of life	∅	No data available.
Side effects	↔	There is no relevant difference for the benefit assessment.

Explanations:
↑, ↓: statistically significant and relevant effect with high or unclear risk of bias
↑↑, ↓↓: statistically significant and relevant effect with low risk of bias
↔: no relevant difference
∅: no data available
n.r.: not rateable

b) <u>Therapy experienced adult HIV-1 patients who have no known or suspected resistance to the integrase inhibitor class or lamivudine.</u>

ASPIRE RCT (dolutegravir/lamivudine (DTG+3TC) vs continuation of previous ART; 48 weeks)

ASPIRE study Endpoint category Endpoint	DTG + 3TC		Comparator therapy[a]		DTG + 3TC vs comparator therapy[a]
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI]; p value
Mortality					
Overall mortality	44	0 (0)	45	0 (0)	—
Morbidity					
AIDS-defining events (CDC Class C)	no data available				
Virological response (HIV-1 RNA < 50 copies/ml)[d]	44	40 (91)	45	40 (89)	1.02 [0.89; 1.18]; 0.752
Virological failure (HIV-1 RNA ≥ 50 copies/ml)[d]	no data available				

ASPIRE study Endpoint category Endpoint	DTG + 3TC			Comparator therapy[a]			DTG + 3TC vs comparator therapy[a]
	N[b]	Values at start of study Median [Q1; Q3]	Change at end of study Median [Q1; Q3]	N[b]	Values at start of study Median [Q1; Q3]	Change at end of study Median [Q1; Q3]	Group difference; p value
Morbidity							
CD4 cell count/mm³	40	694 [533; 1034]	39 [−71; 188]	43	646 [380; 819]	28 [−36; 83]	no data available; 0.866

ASPIRE study Endpoint category Endpoint	DTG + 3TC		Comparator therapy[a]		DTG + 3TC vs comparator therapy[a]
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI]; p value
Health-related quality of life					
ASPIRE study	Endpoint not recorded				
Side effects					
AEs (additionally shown)	no data available				
SAEs	44	1 (2)	45	2 (4)	0.51 [0.05; 5.44]; 0.578
Severe AEs (DAIDS grade 3–4)	Data not usable[i]				
Discontinuation because of AEs	44	1 (2)	45	0 (0)	3.07 [0.13; 73.31]; 0.489
Specific AEs	no data available				

TANGO RCT (dolutegravir/lamivudine (DTG+3TC) vs continuation of previous ART; 48 weeks)

TANGO study Endpoint category Endpoint	DTG + 3TC		Comparator therapy[a]		DTG + 3TC vs comparator therapy[a]
	N	Patients with event n (%[b])	N	Patients with event n (%[b])	RR [95% CI]; p value
Mortality					
Overall mortality	369	1 (0.3)	371	0 (0.0)	3.02 [0.12; 73.80]; 0.499
Morbidity					
AIDS-defining events (CDC Stage 3)	369	1 (0.3)	372	0 (0.0)	5.03 [0.24; 104.35]; 0.160[c]
Virological response (HIV-1 RNA < 50 copies/ml)[d]	369	344 (93.0)	372	346 (93.0)	0.99 [0.95; 1.04]; 0.790
Virological failure (HIV-1 RNA ≥ 50 copies/ml)[d]	369	1 (0.3)	372	2 (0.5)	0.51 [0.05; 5.62]; 0.584

TANGO study Endpoint category Endpoint	DTG + 3TC			Comparator therapy[a]			DTG + 3TC vs comparator therapy[a]
	N[e]	Values at start of study MV (SD)	Change at week 48 MV (SE)	N[e]	Values at start of study MV (SD)	Change at week 48 MV (SE)	MD [95% CI]; p value
Morbidity							
Health status (EQ-5D VAS)[f]	No data available	87.5 (11.32)	1.1 (0.52)[g]	No data available	87.5 (12.21)	1.7 (0.43)[g]	−0.5 [−1.9: 0.8]; 0.414[g]
CD4+ cell count/mm³	369	702.0 (289.2)	23.96 (9.09)[h]	372	726.0 (273.5)	0.27 (9.08)[h]	23.68 [−1.57; 48.94]; 0.066 [h)]

TANGO study Endpoint category Endpoint	DTG + 3TC		Comparator therapy[a]		DTG + 3TC vs comparator therapy[a]
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI]; p value
Health-related quality of life					
TANGO study	Endpoint not recorded				
Side effects					
AEs (additionally shown)	369	295 (79.9)	371	292 (78.7)	–
SAEs	369	20 (5.4)	371	16 (4.3)	1.26 [0.66; 2.39]; 0.480
Severe AEs (DAIDS grade 3–4)	369	22 (6.0)	371	21 (5.7)	1.05 [0.59; 1.88]; 0.860
Discontinuation because of AEs	369	13 (3.5)	371	2 (0.5)	6.54 [1.49;

					28.80]; 0.013
Gastrointestinal disorders (SOC)	369	92 (24.9)	371	80 (21.6)	1.15 [0.89; 1.50]; 0.289
Skin and subcutaneous tissue disorders (SOC)	369	40 (10.8)	371	41 (11.1)	0.98 [0.65; 1.48]; 0.936
Nervous system disorders (SOC)	369	49 (13.3)	371	43 (11.6)	1.15 [0.78; 1.68]; 0.485
Psychiatric disorders (SOC)	369	50 (13.6)	371	37 (10.0)	1.35 [0.90; 2.01]; 0.144
Fatigue (PT)	369	20 (5.4)	371	3 (0.8)	6.70 [2.01; 22.36]; < 0.001[c]
Seasonal allergy (PT)	369	12 (3.3)	371	3 (0.8)	4.02 [1.14; 14.13]; 0.019[c]

a) Continuation of the existing therapy
b) Own calculation
c) Own calculation: 95% CI (asymptotic), unconditional exact test (CSZ method)
d) Evaluation in accordance with FDA snapshot algorithm
e) Number of patients included in the evaluation to calculate the effect estimate; values at the start of study may be based on other patient numbers.
f) Higher values indicate a better health status; a positive group difference means an advantage for DTG/3TC.
g) MMRM-LOCF evaluation of the ITT population
h) MMRM evaluation of the ITT population
i) Because of possible multiple entries per patient, data cannot be used.

Abbreviations: 3TC: lamivudine; AIDS: acquired immunodeficiency syndrome; CDC: Centres for Disease Control and Prevention; DAIDS: Division of AIDS; DTG: dolutegravir; FDA: Food and Drug Administration; HIV 1: human immunodeficiency virus Type 1; CI: confidence interval; n: number of patients with (at least 1) event; N: number of patients evaluated; PT: preferred term; RCT: randomised controlled trial; RNA: ribonucleic acid; RR: relative risk, SOC: system organ class; SAE: serious adverse event; AE: adverse event

Summary of results for relevant clinical endpoints

Endpoint category	Effect	Summary
Mortality	∅	There are no relevant data for the benefit assessment.
Morbidity	∅	There are no relevant data for the benefit assessment.
Health-related quality of life	∅	no data available
Side effects	∅	There are no relevant data for the benefit assessment.

Explanations:
↑, ↓: statistically significant and relevant effect with high or unclear risk of bias
↑↑, ↓↓: statistically significant and relevant effect with low risk of bias
↔: no relevant difference
∅: no data available
n.r.: not rateable

c) Therapy naïve adolescent HIV-1 patients above 12 years who have no known or suspected resistance to the integrase inhibitor class or lamivudine.

No data were submitted.

Summary of results for relevant clinical endpoints

Endpoint category	Effect	Summary
Mortality	∅	no data available
Morbidity	∅	no data available
Health-related quality of life	∅	no data available
Side effects	∅	no data available
Explanations: ↑, ↓: statistically significant and relevant effect with high or unclear risk of bias ↑↑, ↓↓: statistically significant and relevant effect with low risk of bias ↔: no relevant difference ∅: no data available n.r.: not rateable		

d) Therapy experienced adolescent HIV-1 patients above 12 years who have no known or suspected resistance to the integrase inhibitor class or lamivudine.

No data were submitted.

Summary of results for relevant clinical endpoints

Endpoint category	Effect	Summary
Mortality	∅	no data available
Morbidity	∅	no data available
Health-related quality of life	∅	no data available
Side effects	∅	no data available
Explanations: ↑, ↓: statistically significant and relevant effect with high or unclear risk of bias ↑↑, ↓↓: statistically significant and relevant effect with low risk of bias ↔: no relevant difference ∅: no data available n.r.: not rateable		

b) Number of patients or demarcation of patient groups eligible for treatment

a) Therapy naïve adult HIV-1 patients who have no known or suspected resistance to the integrase inhibitor class or lamivudine.

approx. 4,400–9,700 patients

b) Therapy experienced adult HIV-1 patients who have no known or suspected resistance to the integrase inhibitor class or lamivudine.

approx. 47,500–51,500 patients

c) Therapy naïve adolescent HIV-1 patients above 12 years who have no known or suspected resistance to the integrase inhibitor class or lamivudine.

approx. 10 patients

d) Therapy experienced adolescent HIV-1 patients above 12 years who have no known or suspected resistance to the integrase inhibitor class or lamivudine.

approx. 150–170 patients

e) 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 Dovato® (active ingredient: dolutegravir/lamivudine at the following publicly accessible link (last access: 22 November 2019): https://www.ema.europa.eu/documents/product-information/dovato-epar-product-information_de.pdf

Treatment with dolutegravir/lamivudine should only be initiated and monitored by specialists who are experienced in the treatment of patients with HIV-1.

f) Treatment costs

Annual treatment costs:

a) Therapy naïve adult HIV-1 patients who have no known or suspected resistance to the integrase inhibitor class or lamivudine.

Designation of the therapy	Annual treatment costs/patient
Medicinal product to be assessed:	
Dolutegravir/lamivudine	€ 9,637.62
Appropriate comparator therapy:	
Dolutegravir/abacavir/lamivudine	€ 11,857.43
Dolutegravir + emtricitabine/tenofovir alafenamide	€ 14,501.13
Dolutegravir + emtricitabine/tenofovir disoproxil	€ 9,200.27
Rilpivirine + abacavir/lamivudine	€ 9,937.00
Rilpivirine + emtricitabine/tenofovir alafenamide	€ 10,382.14
Rilpivirine + emtricitabine/tenofovir disoproxil	5,081.29

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 January 2020

Costs for additionally required SHI services: not applicable

b) Therapy experienced adult HIV-1 patients who have no known or suspected resistance to the integrase inhibitor class or lamivudine.

Designation of the therapy	Annual treatment costs/patient
Medicinal product to be assessed:	
Dolutegravir/lamivudine	€ 9,637.62
Appropriate comparator therapy:	
Individual antiretroviral therapy[2]	€ 2,085.55 – 19,805.75

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 January 2020

Costs for additionally required SHI services: not applicable

c) Therapy naïve adolescent HIV-1 patients above 12 years who have no known or suspected resistance to the integrase inhibitor class or lamivudine.

Designation of the therapy	Annual treatment costs/patient
Medicinal product to be assessed:	
Dolutegravir/lamivudine	€ 9,637.62
Appropriate comparator therapy:	
Dolutegravir/abacavir/lamivudine	€ 11,857.43
Dolutegravir + emtricitabine/tenofovir alafenamide	€ 14,501.13
Rilpivirine + abacavir/lamivudine	€ 9,937.00
Rilpivirine + emtricitabine/tenofovir alafenamide	€ 10,382.14

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 January 2020

Costs for additionally required SHI services: not applicable

d) Therapy experienced adolescent HIV-1 patients above 12 years who have no known or suspected resistance to the integrase inhibitor class or lamivudine.

[2] Because of the different combination possibilities in individual therapy, not all possible variants of combination therapies are presented and considered but rather the cost range from a cost-effective (nevirapine + emtricitabine/tenofovir disoproxil) to a cost-intensive therapy (maraviroc + abacavir + emtricitabine) is given as an example.

Designation of the therapy	Annual treatment costs/patient
Medicinal product to be assessed:	
Dolutegravir/lamivudine	€ 9,637.62
Appropriate comparator therapy:	
Individual antiretroviral therapy[2]	€ 2,085.55 – 19,805.75

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 January 2020

Costs for additionally required SHI services: not applicable

II. The resolution will enter into force on the day of its publication on the internet on the website of the G-BA on 6 February 2020.

The justification to this resolution will be published on the website of the G-BA at www.g-ba.de.

Berlin, 6 February 2020

Federal Joint Committee
in accordance with Section 91 SGB V
The Chair

Prof. Hecken