Gemeinsamer Bundesausschuss

Resolution

of the Federal Joint Committee on an Amendment of the Pharmaceuticals Directive:
Annex XII – Benefit Assessment of Medicinal Products with New Active Ingredients according to Section 35a SGB V
Tofacitinib (new therapeutic indication: ankylosing spondylitis)

of 16 June 2022

At its session on 16 June 2022, the Federal Joint Committee (G-BA) resolved to amend the 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 by the publication of the resolution of D Month YYYY (Federal Gazette, BAnz AT DD.MM.YYYY BX), as follows:

I. In Annex XII, the following information shall be added after No. 4 to the information on the benefit assessment of Tofacitinib in accordance with the resolution of 3 March 2022:

Tofacitinib

Resolution of: 16 June 2022
Entry into force on: 16 June 2022
Federal Gazette, BAnz AT DD. MM YYYY Bx

New therapeutic indication (according to the marketing authorisation of 15 November 2021):

Tofacitinib is indicated for the treatment of adult patients with active ankylosing spondylitis (AS) who have responded inadequately to conventional therapy.

Therapeutic indication of the resolution (resolution of 16 June 2022):

Tofacitinib is indicated for the treatment of adult patients with active ankylosing spondylitis (AS) who have responded inadequately to conventional therapy and who are eligible for treatment with tofacitinib.

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

a1) Adults with active ankylosing spondylitis who have responded inadequately to conventional therapy and who are eligible for treatment with tofacitinib

Appropriate comparator therapy:
a TNF-α inhibitor (adalimumab or certolizumab pegol or etanercept or golimumab or infliximab) or an IL17 inhibitor (secukinumab)

Extent and probability of the additional benefit of Tofacitinib compared to the appropriate comparator therapy:

An additional benefit is not proven.

a2) Adults with active ankylosing spondylitis who have responded inadequately to, or who are intolerant to prior therapy with biologic antirheumatic drugs (bDMARDs) and who are eligible for treatment with tofacitinib

Appropriate comparator therapy:
switching to a different bDMARD: TNF-α inhibitor (adalimumab or certolizumab pegol or etanercept or golimumab or infliximab) or IL17 inhibitor (secukinumab)

Extent and probability of the additional benefit of Tofacitinib compared to the appropriate comparator therapy:

An additional benefit is not proven.

Study results according to endpoints:[1]

a1) Adult patients with active ankylosing spondylitis who have responded inadequately to conventional therapy and who are eligible for treatment with tofacitinib

No suitable data submitted.

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	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 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 ∅: There are no usable data for the benefit assessment. n.a.: not assessable		

a2) Adult patients with active ankylosing spondylitis who have responded inadequately to, or who are intolerant to prior therapy with biologic antirheumatic drugs (bDMARDs) and who are eligible for treatment with tofacitinib

No suitable data submitted.

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
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[1] Data from the dossier assessment of the Institute for Quality and Efficiency in Health Care (IQWiG) (A21-165) unless otherwise indicated.

↔: no statistically significant or relevant difference ∅: There are no usable data for the benefit assessment. n.a.: not assessable

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

a1) Adult patients with active ankylosing spondylitis who have responded inadequately to conventional therapy and who are eligible for treatment with tofacitinib

approx. 10,700 patients

a2) Adult patients with active ankylosing spondylitis who have responded inadequately to, or who are intolerant to previous therapy with biologic antirheumatic drugs (bDMARDs) and who are eligible for treatment with tofacitinib

approx. 6,100 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 Xeljanz (active ingredient: tofacitinib) at the following publicly accessible link (last access: 14 April 2022):
https://www.ema.europa.eu/en/documents/product-information/xeljanz-epar-product-information_en.pdf

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. The training material includes instructions on how to manage the potential side effects associated with tofacitinib, particularly severe and opportunistic infections including tuberculosis and herpes zoster. It also points out the need for an effective contraceptive method.

Treatment with tofacitinib should only be initiated and monitored by doctors experienced in treating ankylosing spondylitis.

Warnings and precautions for the use of tofacitinib were added to the product information under 4.4 or updated in consultation with the EMA. These must be taken into account when using tofacitinib.

Against the background of the ongoing EMA PRAC procedure, the safety profile of the JAK inhibitors cannot be conclusively assessed at present.

4. Treatment costs

Annual treatment costs:

a1) Adult patients with active ankylosing spondylitis who have responded inadequately to conventional therapy and who are eligible for treatment with tofacitinib

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Tofacitinib Additionally required SHI services Total	€ 12,566.75 € 180.85 € 12,747.60
Appropriate comparator therapy:	
Adalimumab Additionally required SHI services Total	€ 11,435.41 € 180.85 € 11,616.26
Certolizumab pegol Additionally required SHI services Total	€ 12,429.69 € 180.85 € 12,610.54
Etanercept Additionally required SHI services Total	€ 11,413.50 € 180.85 € 11,594.35
Golimumab Additionally required SHI services Total	€ 10,416.60 € 180.85 € 10,597.45
Infliximab Additionally required SHI services Total	€ 16,685.14 – € 22,332.41 € 180.85 € 16,865.99 – € 22,513.26
Secukinumab	€ 9,304.44 – € 18,608.88

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 May 2022)

Other SHI services:

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Infliximab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 71	1	6.5 – 8.7	€ 461.50 - € 617.70

a2) Adult patients with active ankylosing spondylitis who have responded inadequately to, or who are intolerant to prior therapy with biologic antirheumatic drugs (bDMARDs) and who are eligible for treatment with tofacitinib

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Tofacitinib Additionally required SHI services Total	€ 12,566.75 € 180.85 € 12,747.60
Appropriate comparator therapy:	
Adalimumab Additionally required SHI services Total	€ 11,435.41 € 180.85 € 11,616.26
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II. The resolution will enter into force on the day of its publication on the website of the G-BA on 16 June 2022.

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

Berlin, 16 June 2022

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

Prof. Hecken