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)
Nivolumab (new therapeutic indication: urothelial carcinoma, first-line, combination with cisplatin and gemcitabine)

of 19 December 2024

At its session on 19 December 2024, 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. 5 to the information on the benefit assessment of Nivolumab in accordance with the resolution of 21 March 2024 last modified on 18 July 2024:

Nivolumab

Resolution of: 19 December 2024
Entry into force on: 19 December 2024
Federal Gazette, BAnz AT DD. MM YYYY Bx

New therapeutic indication (according to the marketing authorisation of 23 May 2024):

OPDIVO in combination with cisplatin and gemcitabine is indicated for the first-line treatment of adult patients with unresectable or metastatic urothelial carcinoma.

Therapeutic indication of the resolution (resolution of 19 December 2024):

See new therapeutic indication according to marketing authorisation.

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

Adults with unresectable or metastatic urothelial carcinoma; first-line treatment

Appropriate comparator therapy for nivolumab in combination with cisplatin and gemcitabine:

Cisplatin in combination with gemcitabine followed by avelumab as maintenance treatment (maintenance treatment with avelumab only for patients who are progression-free)

Extent and probability of the additional benefit of nivolumab in combination with cisplatin and gemcitabine compared with cisplatin in combination with gemcitabine followed by avelumab as maintenance treatment:

An additional benefit is not proven.

Study results according to endpoints:[1]

Adults with unresectable or metastatic urothelial carcinoma; first-line treatment

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	n.a.	There are no assessable data.
Morbidity	n.a.	There are no assessable data.
Health-related quality of life	n.a.	There are no assessable data.
Side effects	n.a.	There are no assessable data.
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		

[1] Data from the dossier assessment of the Institute for Quality and Efficiency in Health Care (IQWiG) (A24-70) unless otherwise indicated.

↑↑: 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 unresectable or metastatic urothelial carcinoma; first-line treatment

Approx. 435 – 617 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 Opdivo (active ingredient: nivolumab) at the following publicly accessible link (last access: 5 September 2024):

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

Treatment with nivolumab should only be initiated and monitored by specialists in internal medicine, haematology, and oncology and urology, and specialists participating in the Oncology Agreement experienced in the treatment of adults with urothelial carcinoma.

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 (incl. patient identification card).

The training material contains, in particular, information and warnings about immune-mediated side effects as well as infusion-related reactions.

4. Treatment costs

Annual treatment costs:

Adults with unresectable or metastatic urothelial carcinoma; first-line treatment

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Nivolumab in combination with cisplatin and gemcitabine	
Nivolumab	€ 26,278.38
Cisplatin	€ 692.82
Gemcitabine	€ 2,153.52

Designation of the therapy	Annual treatment costs/ patient
Total	€ 29,124.72
Additionally required SHI services	€ 114.86 - € 134.91
Maintenance treatment with nivolumab	
Nivolumab	€ 49,636.94
Nivolumab in combination with cisplatin and gemcitabine including subsequent maintenance treatment with nivolumab	
Total	€ 78,761.66
Appropriate comparator therapy:	
Cisplatin and gemcitabine	
Cisplatin	€ 461.88 - € 692.82
Gemcitabine	€ 2,153.52 - € 3,230.28
Total	€ 2,615.40 - € 3,923.10
Additionally required SHI services	€ 116.60 - € 134.91
Maintenance treatment with avelumab	
Avelumab	€ 44,399.77 (6 cycles of induction therapy) – € 56,995.45 (4 cycles of induction therapy)
Cisplatin in combination with gemcitabine including subsequent maintenance treatment with avelumab	
Total	€ 48,322.87 (6 cycles of induction therapy) – € 59,610.85 (4 cycles of induction therapy)

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 December 2024)

Other SHI services:

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Medicinal product to be assessed					
Nivolumab in combination with cisplatin and gemcitabine					
Nivolumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	6	€ 600
Cisplatin	Surcharge for production of a	€ 100	1	6	€ 600

	parenteral preparation containing cytostatic agents				
Gemcitabine	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 100	2	6	€ 1,200
Maintenance treatment with nivolumab					
Nivolumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	17.1 (14-day) or 8.5 (28-day)	€ 1,710 (14-day) or € 850 (28-day)
Appropriate comparator therapy					
Cisplatin and gemcitabine (4 - 6 cycles of induction therapy)					
Cisplatin	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 100	1	4 - 6	€ 400 - € 600
Gemcitabine	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 100	3	12 – 18	€ 1,200 - € 1,800
Maintenance treatment with avelumab					
Avelumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	14.1 – 18.1	€ 1,410 - € 1,810

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:

Adults with unresectable or metastatic urothelial carcinoma; first-line treatment

- 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.

II. The resolution will enter into force on the day of its publication on the website of the G-BA on 19 December 2024.

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

Berlin, 19 December 2024

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

Prof. Hecken