Gemeinsamer Bundesausschuss

Justification

of the Resolution of the Federal Joint Committee (G-BA) on an Amendment of the Pharmaceuticals Directive:
Annex XII – Benefit Assessment of Medicinal Products with New Active Ingredients according to Section 35a (SGB V)
Patiromer (new therapeutic indication: hyperkalaemia, ≥ 12 to ≤ 17 years)

of 1 August 2024

Contents

1. Legal basis

According to Section 35a paragraph 1 German Social Code, Book Five (SGB V), the Federal Joint Committee (G-BA) assesses the benefit of reimbursable medicinal products with new active ingredients. This includes in particular the assessment of the additional benefit and its therapeutic significance. The benefit assessment is carried out on the basis of evidence provided by the pharmaceutical company, which must be submitted to the G-BA electronically, including all clinical trials the pharmaceutical company has conducted or commissioned, at the latest at the time of the first placing on the market as well as the marketing authorisation of new therapeutic indications of the medicinal product, and which must contain the following information in particular:

1. approved therapeutic indications,
2. medical benefit,
3. additional medical benefit in relation to the appropriate comparator therapy,
4. number of patients and patient groups for whom there is a therapeutically significant additional benefit,
5. treatment costs for the statutory health insurance funds,
6. requirements for a quality-assured application.

The G-BA may commission the Institute for Quality and Efficiency in Health Care (IQWiG) to carry out the benefit assessment. According to Section 35a, paragraph 2 SGB V, the assessment must be completed within three months of the relevant date for submission of the evidence and published on the internet.

According to Section 35a paragraph 3 SGB V, the G-BA decides on the benefit assessment within three months of its publication. The resolution is to be published on the internet and is part of the Pharmaceuticals Directive.

2. Key points of the resolution

The active ingredient patiromer was listed for the first time on 1 April 2018 in the "LAUER-TAXE®", the extensive German registry of available drugs and their prices.

On 5 January 2024, patiromer received marketing authorisation for a new therapeutic indication to be classified as a major type 2 variation as defined according to Annex 2, number 2, letter a to Regulation (EC) No. 1234/2008 of the Commission of 24 November 2008 concerning the examination of variations to the terms of marketing authorisations for medicinal products for human use and veterinary medicinal products (OJ L 334 from 12.12.2008, sentence 7).

On 29 January 2024, the pharmaceutical company has submitted a dossier in accordance with Section 4, paragraph 3, number 2 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV) in conjunction with Chapter 5 Section 8, paragraph 1, number 2 of the Rules of

Procedure (VerfO) of the G-BA on the active ingredient patiromer with the new therapeutic indication "treatment of hyperkalaemia in adolescents aged 12 to 17 years" in due time (i.e. at the latest within four weeks after informing the pharmaceutical company about the approval for a new therapeutic indication).

The G-BA commissioned the IQWiG to carry out the assessment of the dossier. The benefit assessment was published on 2 May 2024 on the G-BA website (www.g-ba.de), thus initiating the written statement procedure. In addition, an oral hearing was held.

The G-BA came to a resolution on whether an additional benefit of patiromer compared with the appropriate comparator therapy could be determined on the basis of the dossier of the pharmaceutical company, the dossier assessment prepared by the IQWiG, and the statements submitted in the written statement and oral hearing procedure. In order to determine the extent of the additional benefit, the G-BA has evaluated the data justifying the finding of an additional benefit on the basis of their therapeutic relevance (qualitative), in accordance with the criteria laid down in Chapter 5 Section 5, paragraph 7 VerfO. The methodology proposed by the IQWiG in accordance with the General Methods [1] was not used in the benefit assessment of patiromer.

In the light of the above, and taking into account the statements received and the oral hearing, the G-BA has come to the following assessment:

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

2.1.1 Approved therapeutic indication of Patiromer (Veltassa) in accordance with the product information

Veltassa is indicated for the treatment of hyperkalaemia in adults and adolescents aged 12 to 17 years.

Therapeutic indication of the resolution (resolution of 1 August 2024):

Treatment of hyperkalaemia in adolescents aged 12 to 17 years**.**

2.1.2 Appropriate comparator therapy

The appropriate comparator therapy was determined as follows:

Adolescents aged 12 to 17 years with hyperkalaemia

Appropriate comparator therapy for patiromer:

Polystyrene sulfonates (CaPSS, NaPSS)

1 General Methods, version 7.0 from 19.09.2023. Institute for Quality and Efficiency in Health Care (IQWiG), Cologne.

Criteria according to Chapter 5 Section 6 of the Rules of Procedure of the G-BA and Section 6 paragraph 2 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV):

The appropriate comparator therapy must be an appropriate therapy in the therapeutic indication in accordance with the generally recognised state of medical knowledge (Section 12 SGB V), preferably a therapy for which endpoint studies are available and which has proven its worth in practical application unless contradicted by the guidelines under Section 92, paragraph 1 SGB V or the principle of economic efficiency.

In determining the appropriate comparator therapy, the following criteria, in particular, must be taken into account as specified in Chapter 5 Section 6, paragraph 3 VerfO:

1. To be considered as a comparator therapy, the medicinal product must, principally, have a marketing authorisation for the therapeutic indication.
2. If a non-medicinal treatment is considered as a comparator therapy, this must be available within the framework of the SHI system.
3. As comparator therapy, medicinal products or non-medicinal treatments for which the patient-relevant benefit has already been determined by the G-BA shall be preferred.
4. According to the generally recognised state of medical knowledge, the comparator therapy should be part of the appropriate therapy in the therapeutic indication.

According to Section 6, paragraph 2, sentence 2 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV), the determination of the appropriate comparator therapy must be based on the actual medical treatment situation as it would be without the medicinal product to be assessed. According to Section 6, paragraph 2, sentence 3 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV), the G-BA may exceptionally determine the off-label use of medicinal products as an appropriate comparator therapy or as part of the appropriate comparator therapy if it determines by resolution on the benefit assessment according to Section 7, paragraph 4 that, according to the generally recognised state of medical knowledge, this is considered a therapy standard in the therapeutic indication to be assessed or as part of the therapy standard in the medical treatment situation to be taken into account according to sentence 2, and

1. for the first time, a medicinal product approved in the therapeutic indication is available with the medicinal product to be assessed,
2. according to the generally recognised state of medical knowledge, the off-label use is generally preferable to the medicinal products previously approved in the therapeutic indication, or
3. according to the generally recognised state of medical knowledge, the off-label use for relevant patient groups or indication areas is generally preferable to the medicinal products previously approved in the therapeutic indication.

An appropriate comparator therapy may also be non-medicinal therapy, the best possible add-on therapy including symptomatic or palliative treatment, or monitoring wait-and-see approach.

Justification based on the criteria set out in Chapter 5 Section 6, paragraph 3 VerfO and Section 6, paragraph 2 AM-NutzenV:

on 1. Polystyrene sulfonates in the form of calcium or sodium salts are approved for the treatment of hyperkalaemia without any age restriction. The active ingredient sodium zirconium cyclosilicate is only approved for the treatment of adult patients with hyperkalaemia.

According to the product information, patiromer should not replace emergency treatment of life-threatening hyperkalaemia. It is therefore assumed that the patients in the present therapeutic indication do not suffer from potentially life-threatening hyperkalaemia, thus requiring emergency treatment. Other medicinal and therapeutic measures are available for emergency treatment.

on 2. In the present therapeutic indication, a low-potassium diet is generally indicated for all patients. However, a non-medicinal treatment cannot be considered as the sole appropriate comparator therapy.

For acute treatment, haemodialysis procedures can be considered for severe courses of hyperkalaemia. However, haemodialysis is not a standard therapy for hyperkalaemia. In addition, patiromer is not explicitly approved for the emergency treatment of life-threatening hyperkalaemia, which is why haemodialysis procedures cannot be considered as an appropriate comparator therapy in the therapeutic indication of the chronic treatment setting to be assessed.

on 3. For adults, the following resolutions of the G-BA are available for the considered therapeutic indication in accordance with Section 35a SGB V:

- patiromer (resolution of 20 September 2018)
- sodium zirconium cyclosilicate (resolution of 16 September 2021)

There are no resolutions for children and adolescents for the considered therapeutic indication in accordance with Section 35a SGB V.

on 4. The generally recognised state of medical knowledge was illustrated by a systematic search for guidelines as well as systematic reviews of clinical studies in the present therapeutic indication.

The scientific-medical societies and the Drugs Commission of the German Medical Association (AkdÄ) were also involved in writing on questions relating to the comparator therapy in the present therapeutic indication according to Section 35a, paragraph 7 SGB V.

There are only few results from clinical studies with the highest degree of evidence for the treatment of hyperkalaemia. The available evidence for children and adolescents with hyperkalaemia is particularly limited.

Optimising the treatment of underlying and concomitant diseases, in particular the adaptation of medicinal therapy and, if necessary, a change in diet are the cornerstones of the treatment of hyperkalaemia. It is assumed that these general interventions to normalise serum potassium levels in the patient population with hyperkalaemia are carried out first as part of normal therapeutic practice. As a rule, specific medicinal therapy for hyperkalaemia is only considered if these attempts are unsuccessful and

hyperkalaemia requiring intervention persists. This applies to the use of patiromer and polystyrene sulfonates alike. Consequently, polystyrene sulfonates were determined as the appropriate comparator therapy for patiromer in adolescents with hyperkalaemia.

It is assumed that a patient-individual adaptation of the described basic therapy (optimisation of the treatment of the underlying and concomitant diseases, in particular the adaptation of the medicinal therapy and, if necessary, a change in diet) will be carried out as a supplement to the appropriate comparator therapy (polystyrene sulfonates) in the comparator arm of a study.

The findings in Annex XII do not restrict the scope of treatment required to fulfil the medical treatment mandate.

A change in the appropriate comparator therapy requires a resolution by the G-BA linked to the prior review of the criteria according to Chapter 5 Section 6, paragraph 3 Rules of Procedure.

2.1.3 Extent and probability of the additional benefit

In summary, the additional benefit of patiromer is assessed as follows:

For adolescents aged 12 to 17 years with hyperkalaemia, the additional benefit of patiromer compared with the appropriate comparator therapy is not proven.

Justification:

No relevant studies were identified for the assessment of the additional benefit of patiromer for the treatment of adolescents aged 12 to 17 years with hyperkalaemia compared with the appropriate comparator therapy. Data that allow an indirect comparison of the active ingredient to be assessed with polystyrene sulfonates are also not available. In the dossier, the pharmaceutical company additionally presented the results of the EMERALD approval study as the best available evidence.

Children and adolescents aged 2 to 17 years with chronic kidney disease and hyperkalaemia were to be enrolled in the non-randomised, single-arm, open-label, multicentre phase II study. In the age cohort of 12 to 17-year-olds relevant for the benefit assessment, the efficacy and safety of patiromer were investigated in 14 study participants over a total period of 28 weeks. All patients enrolled in the study received the active ingredient patiromer for the medicinal treatment of hyperkalaemia. The polystyrene sulfonates determined as the appropriate comparator therapy were not used in the study.

As no comparison with the determined appropriate comparator therapy was made in the single-arm EMERALD approval study, the study is unsuitable for the present benefit assessment of patiromer. In accordance with the assessment of the pharmaceutical company, the additional benefit of patiromer compared with the appropriate comparator therapy is therefore considered not proven.

2.1.4 Summary of the assessment

The present assessment is the benefit assessment of a new therapeutic indication for the active ingredient patiromer.

The therapeutic indication assessed here is as follows: Veltassa is indicated for the treatment of hyperkalaemia in adults and adolescents aged 12 to 17 years. Only adolescents 12 to 17 years of age are considered here.

Therapy with polystyrene sulfonates (CaPSS, NaPSS) was determined by the G-BA as the appropriate comparator therapy.

No comparator data on patiromer versus the appropriate comparator therapy are available for the target population to be considered. Due to its single-arm study design, the EMERALD approval study submitted by the pharmaceutical company also did not allow a comparison with a polystyrene sulfonate (CaPSS or NaPSS). Consequently, no conclusions on the additional benefit of patiromer compared to the appropriate comparator therapy can be derived from the study. An additional benefit is therefore not proven.

2.2 Number of patients or demarcation of patient groups eligible for treatment

The information on the number of patients is based on the target population in statutory health insurance (SHI).

The resolution is based on the patient numbers stated in the pharmaceutical company's dossier. However, these are subject to uncertainties due to various methodological aspects.

When identifying subjects with hyperkalaemia diagnoses in at least 2 quarters, the limitation of the analysis to one calendar year results in uncertainties regarding the estimated patient numbers. It is still unclear whether general interventions to normalise the serum potassium level were unsuccessful in the patients included in the calculation and whether medicinal treatment was therefore indicated. It is also unclear whether hyperkalaemia that occurs as a result of an underlying disease is collected as a separate diagnosis and whether the patient numbers are therefore underestimated. Furthermore, it is uncertain to what extent the exclusion of subjects undergoing emergency treatment has been properly operationalised.

2.3 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 Veltassa (active ingredient: patiromer) agreed upon in the context of the marketing authorisation at the following publicly accessible link (last access: 10 April 2024):

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

If the serum-potassium level falls below the desired target range, the patiromer dose should be reduced or treatment discontinued.

2.4 Treatment costs

The treatment costs are based on the contents of the product information and the information listed in the LAUER-TAXE® (last revised: 15 July 2024).

For the cost representation, only the dosages of the general case are considered. Patient-individual dose adjustments (e.g. because of side effects or co-morbidities) are not taken into account when calculating the annual treatment costs.

In general, initial induction regimens are not taken into account for the cost representation, since the present indication is a chronic disease with a continuous need for therapy and, as a rule, no new titration or dose adjustment is required after initial titration.

Treatment period:

Adolescents aged 12 to 17 years with hyperkalaemia

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Medicinal product to be assessed				
Patiromer	Continuously, 1 x daily	365.0	1	365.0
Appropriate comparator therapy				
Calcium polystyrene sulfonate	Continuously, 1 x daily	365.0	1	365.0
Sodium polystyrene sulfonate	Continuously, 1 x daily	365.0	1	365.0

Consumption:

If no maximum treatment duration is specified in the product information, the treatment duration is assumed to be one year (365 days), even if the actual treatment duration varies from patient to patient and/or is shorter on average. The time unit "days" is used to calculate the "number of treatments/ patient/ year", time intervals between individual treatments and for the maximum treatment duration, if specified in the product information.

For dosages depending on body weight (BW), the average body measurements from the official representative statistics "Microcensus 2017 – body measurements of the population"[2] (average body weight of 12-year olds: 47.1 kg) and the "Microcensus 2021 – body measurements of the population" [3] (average body weight of 17-year-olds: 67.2 kg) were used as a basis.

[2] Federal Health Reporting. Average body measurements of the population (2017, both sexes, 1 year and older), www.gbe-bund.de

[3] Federal Health Reporting. Average body measurements of the population (2021, both sexes, 15 years and older), www.gbe-bund.de

As it is not always possible to achieve the exactly calculated dose per day with the commercially available dosage potencies, in these cases rounding up or down to the next higher or lower available dose that can be achieved with the commercially available dose potencies as well as the scalability of the respective dosage form.

The product information for the active ingredients of the appropriate comparator therapy specify that the total daily dose should be divided into several individual doses spread throughout the day.

Adolescents aged 12 to 17 years with hyperkalaemia

Designation of the therapy	Dosage/ application	Dose/ patient/ treatment days	Consumption by potency/ treatment day	Treatment days/ patient/ year	Average annual consumption by potency
Medicinal product to be assessed					
Patiromer[4]	4 g – 25.2 g	4 g – 25.2 g	1 x 8.4 g – 1 x 16.8 g + 1 x 8.4 g	365.0	365 x 8.4 g – 365 x 16.8 g + 365 x 8.4 g
Appropriate comparator therapy					
Calcium polystyrene sulfonate	0.5 g – 1 g/kg BW = 23.55 g – 67.2 g	23.55 g – 67.2 g	5 x 5 g - 14 x 5 g	365.0	1,825 x 5 g – 5,110 x 5 g
Sodium polystyrene sulfonate	0.5 g – 1 g/kg BW = 23.55 g – 67.2 g	23.55 g – 67.2 g	5 x 5 g - 14 x 5 g	365.0	1,825 x 5 g – 5,110 x 5 g

Costs:

In order to improve comparability, the costs of the medicinal products were approximated both on the basis of the pharmacy sales price level and also deducting the statutory rebates in accordance with Section 130 and Section 130a SGB V. To calculate the annual treatment costs, the required number of packs of a particular potency was first determined on the basis of consumption. Having determined the number of packs of a particular potency, the costs of the medicinal products were then calculated on the basis of the costs per pack after deduction of the statutory rebates. Any fixed reimbursement rates shown in the cost representation may not represent the cheapest available alternative.

Costs of the medicinal products:

Adolescents aged 12 to 17 years with hyperkalaemia

[4] Packaging size 1 g currently not available

Designation of the therapy	Packaging size	Costs (pharmacy sales price)	Rebate Section 130 SGB V	Rebate Section 130a SGB V	Costs after deduction of statutory rebates
Medicinal product to be assessed					
Patiromer 8.4 g	90 POS	€ 706.50	€ 2.00	€ 38.49	€ 666.01
Patiromer 16.8 g	30 POS	€ 243.03	€ 2.00	€ 12.83	€ 228.20
Calcium polystyrene sulfonate 14.92 g	500 POW	€ 40.78	€ 2.00	€ 3.73	€ 35.05
Sodium polystyrene sulfonate 13.2 g	400 GRA	€ 34.82	€ 2.00	€ 2.97	€ 29.85
Abbreviations: GRA = granules; POS = powder for oral suspension; POW = powder					

LAUER-TAXE® last revised: 15 July 2024

Costs for additionally required SHI services:

Only costs directly related to the use of the medicinal product are taken into account. If there are regular differences in the necessary use of medical treatment or in the prescription of other services in the use of the medicinal product to be evaluated and the appropriate comparator therapy in accordance with the product information, the costs incurred for this must be taken into account as costs for additionally required SHI services.

Medical treatment costs, medical fee services, and costs incurred for routine examinations (e.g. regular laboratory services such as blood count tests) that do not exceed the standard expenditure in the course of the treatment are not shown.

Determination of serum potassium concentration

To avoid hypokalaemia, the serum potassium concentration must be checked daily in accordance with the product information when using the active ingredients calcium polystyrene sulfonate and sodium polystyrene sulfonate.

Determination of serum calcium concentration

To avoid hypercalcaemia, the serum calcium concentration must be checked weekly in accordance with the product information for calcium polystyrene sulfonate.

Designation of the therapy	Designation of the service	Number	Cost per unit	Costs/ patient/ year
Appropriate comparator therapy				
Calcium polystyrene sulfonate Sodium polystyrene sulfonate	Determination of serum potassium concentration			
	Quantitative determination of substrates, enzyme activities or electrolytes, also using	365.0	€ 0.25	€ 91.25

Designation of the therapy	Designation of the service	Number	Cost per unit	Costs/ patient/ year
	carrier-bound (pre-portioned) reagents, potassium (GOP: 32081)			
Calcium polystyrene sulfonate	Determination of serum calcium concentration			
	Quantitative determination of substrates, enzyme activities or electrolytes, also using carrier-bound (pre-portioned) reagents, calcium (GOP: 32082)	52.1	0.25	€ 13.04

2.5 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

According to Section 35a, paragraph 3, sentence 4, the G-BA designates all medicinal products with new active ingredients that can be used in a combination therapy with the assessed medicinal product for the therapeutic indication to be assessed on the basis of the marketing authorisation under Medicinal Products Act.

Basic principles of the assessed medicinal product

A designation in accordance with Section 35a, paragraph 3, sentence 4 SGB V requires that it is examined based on the product information for the assessed medicinal product whether it can be used in a combination therapy with other medicinal products in the assessed therapeutic indication. In the first step, the examination is carried out on the basis of all sections of the currently valid product information for the assessed medicinal product.

If the assessed medicinal product contains an active ingredient or a fixed combination of active ingredients in the therapeutic indication of the resolution (assessed therapeutic indication) and is approved exclusively for use in monotherapy, a combination therapy is not considered due to the marketing authorisation under Medicinal Products Act, which is why no designation is made.

A designation is also not considered if the G-BA has decided on an exemption as a reserve antibiotic for the assessed medicinal product in accordance with Section 35a, paragraph 1c, sentence 1 SGB V. The additional benefit is deemed to be proven if the G-BA has decided on an exemption for a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V; the extent of the additional benefit and its therapeutic significance are not to be assessed by the G-BA. Due to the lack of an assessment mandate by the G-BA following the resolution on an exemption according to Section 35a, paragraph 1c, sentence 1 SGB V with regard to the extent of the additional benefit and the therapeutic significance of the reserve

antibiotic to be assessed, there is a limitation due to the procedural privileging of the pharmaceutical companies to the effect that neither the proof of an existing nor an expected at least considerable additional benefit is possible for exempted reserve antibiotics in the procedures according to Section 35a paragraph 1 or 6 SGB V and Section 35a paragraph 1d SGB V. The procedural privileging of the reserve antibiotics exempted according to Section 35a, paragraph 1c, sentence 1 SGB V must therefore also be taken into account at the level of designation according to Section 35a, paragraph 3, sentence 4 SGB V in order to avoid valuation contradictions.

With regard to the further examination steps, a differentiation is made between a "determined" or "undetermined" combination, which may also be the basis for a designation.

A "determined combination" exists if one or more individual active ingredients which can be used in combination with the assessed medicinal product in the assessed therapeutic indication are specifically named.

An "undetermined combination" exists if there is information on a combination therapy, but no specific active ingredients are named. An undetermined combination may be present if the information on a combination therapy:

- names a product class or group from which some active ingredients not specified in detail can be used in combination therapy with the assessed medicinal product, or
- does not name any active ingredients, product classes or groups, but the assessed medicinal product is used in addition to a therapeutic indication described in more detail in the relevant product information, which, however, does not include information on active ingredients within the scope of this therapeutic indication.

Concomitant active ingredient

The concomitant active ingredient is a medicinal product with new active ingredients that can be used in combination therapy with the assessed medicinal product for the therapeutic indication to be assessed.

For a medicinal product to be considered as a concomitant active ingredient, it must be classified as a medicinal product with new active ingredients according to Section 2 paragraph 1 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV) in conjunction with the corresponding regulations in Chapter 5 of the Rules of Procedure of the G-BA as of the date of the present resolution. In addition, the medicinal product must be approved in the assessed therapeutic indication, whereby a marketing authorisation is sufficient only for a sub-area of the assessed therapeutic indication.

Based on an "undetermined combination", the concomitant active ingredient must be attributable to the information on the product class or group or the therapeutic indication according to the product information of the assessed medicinal product in the assessed therapeutic indication, whereby the definition of a product class or group is based on the corresponding information in the product information of the assessed medicinal product.

In addition, there must be no reasons for exclusion of the concomitant active ingredient from a combination therapy with the assessed medicinal product, in particular no exclusive marketing authorisation as monotherapy.

In addition, all sections of the currently valid product information of the eligible concomitant active ingredient are checked to see whether there is any information that excludes its use in combination therapy with the assessed medicinal product in the assessed therapeutic indication under marketing authorisation regulations. Corresponding information can be, for example, dosage information or warnings. In the event that the medicinal product is used as part of a determined or undetermined combination which does not include the assessed medicinal product, a combination with the assessed medicinal product shall be excluded.

Furthermore, the product information of the assessed medicinal product must not contain any specific information that excludes its use in combination therapy with the eligible concomitant active ingredient in the assessed therapeutic indication under marketing authorisation regulations.

Medicinal products with new active ingredients for which the G-BA has decided on an exemption as a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V are ineligible as concomitant active ingredients. The procedural privileging of the reserve antibiotics exempted according to Section 35a, paragraph 1c, sentence 1 SGB V also applies accordingly to the medicinal product eligible as a concomitant active ingredient.

Designation

The medicinal products which have been determined as concomitant active ingredients in accordance with the above points of examination are named by indicating the relevant active ingredient and the invented name. The designation may include several active ingredients, provided that several medicinal products with new active ingredients may be used in the same combination therapy with the assessed medicinal product or different combinations with different medicinal products with new active ingredients form the basis of the designation.

If the present resolution on the assessed medicinal product in the assessed therapeutic indication contains several patient groups, the designation of concomitant active ingredients shall be made separately for each of the patient groups.

Exception to the designation

The designation excludes combination therapies for which - patient group-related - a considerable or major additional benefit has been determined by resolution according to Section 35a, paragraph 3, sentence 1 SGB V or it has been determined according to Section 35a, paragraph 1d, sentence 1 SGB V that at least considerable additional benefit of the combination can be expected. In this context, the combination therapy that is excluded from the designation must, as a rule, be identical to the combination therapy on which the preceding findings were based.

In the case of designations based on undetermined combinations, only those concomitant active ingredients - based on a resolution according to Section 35a, paragraph 3, sentence 1 SGB V on the assessed medicinal product in which a considerable or major additional benefit had been determined - which were approved at the time of this resolution are excluded from the designation.

Legal effects of the designation

The designation of combinations is carried out in accordance with the legal requirements according to Section 35a, paragraph 3, sentence 4 and is used exclusively to implement the combination discount according to Section 130e SGB V between health insurance funds and pharmaceutical companies. The designation is not associated with a statement as to the extent to which a therapy with the assessed medicinal products in combination with the designated medicinal products corresponds to the generally recognised state of medical knowledge. The examination was carried out exclusively on the basis of the possibility under Medicinal Products Act to use the medicinal products in combination therapy in the assessed therapeutic indication based on the product information; the generally recognised state of medical knowledge or the use of the medicinal products in the reality of care were not the subject of the examination due to the lack of an assessment mandate of the G-BA within the framework of Section 35a, paragraph 3, sentence 4 SGB V.

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.

Justification for the findings on designation in the present resolution:

Adolescents aged 12 to 17 years with hyperkalaemia

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

References:
Product information for patiromer (Veltassa); Veltassa 1 g/-8.4 g/-16.8 g/-25.2 g powder for oral suspension; last revised: 5 January 2024

3. Bureaucratic costs calculation

The proposed resolution does not create any new or amended information obligations for care providers within the meaning of Annex II to Chapter 1 VerfO and, accordingly, no bureaucratic costs.

4. Process sequence

At its session on 21 February 2023, the Subcommittee on Medicinal Products determined the appropriate comparator therapy.

A review of the appropriate comparator therapy took place once the positive opinion was granted. The Subcommittee on Medicinal Products determined the appropriate comparator therapy at its session on 5 December 2023.

On 29 January 2024, the pharmaceutical company submitted a dossier for the benefit assessment of patiromer to the G-BA in due time in accordance with Chapter 5 Section 8, paragraph 1, number 2 VerfO.

By letter dated 1 February 2024 in conjunction with the resolution of the G-BA of 1 August 2011 concerning the commissioning of the IQWiG to assess the benefit of medicinal products with new active ingredients in accordance with Section 35a SGB V, the G-BA commissioned the IQWiG to assess the dossier concerning the active ingredient patiromer.

The dossier assessment by the IQWiG was submitted to the G-BA on 22 April 2024, and the written statement procedure was initiated with publication on the G-BA website on 2 May 2024. The deadline for submitting written statements was 23 May 2024.

The oral hearing was held on 10 June 2024.

In order to prepare a recommendation for a resolution, the Subcommittee on Medicinal Products commissioned a working group (Section 35a) consisting of the members nominated by the leading organisations of the care providers, the members nominated by the SHI umbrella organisation, and representatives of the patient organisations. Representatives of the IQWiG also participate in the sessions.

The evaluation of the written statements received and the oral hearing was discussed at the session of the subcommittee on 23 July 2024, and the proposed draft resolution was approved.

At its session on 1 August 2024, the plenum adopted a resolution to amend the Pharmaceuticals Directive.

Chronological course of consultation

Session	Date	Subject of consultation
Subcommittee Medicinal products	21 February 2023	Determination of the appropriate comparator therapy
Subcommittee Medicinal products	5 December 2023	New determination of the appropriate comparator therapy
Working group Section 35a	4 June 2024	Information on written statements received; preparation of the oral hearing
Subcommittee Medicinal products	10 June 2024	Conduct of the oral hearing
Working group Section 35a	18 June 2024 3 July 2024	Consultation on the dossier evaluation by the IQWiG and evaluation of the written statement procedure
Subcommittee Medicinal products	23 July 2024	Concluding discussion of the draft resolution
Plenum	1 August 2024	Adoption of the resolution on the amendment of the Pharmaceuticals Directive

Berlin, 1 August 2024

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

Prof. Hecken