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 Sofosbuvir/ Velpatasvir/ Voxilaprevir (new therapeutic indication: chronic hepatitis C, aged 12 to < 18 years)

of 7 April 2022

Contents

1. Legal basis 2

2. Key points of the resolution 2

2.1 Additional benefit of the medicinal product in relation to the appropriate comparator therapy 3

2.1.1 Approved therapeutic indication of Sofosbuvir/ Velpatasvir/ Voxilaprevir (Vosevi) according to the product information 3

2.1.2 Appropriate comparator therapy 3

2.1.3 Extent and probability of the additional benefit 5

2.1.4 Summary of the assessment 7

2.2 Number of patients or demarcation of patient groups eligible for treatment 7

2.3 Requirements for a quality-assured application 7

2.4 Treatment costs 8

3. Bureaucratic costs calculation 11

4. Process sequence 11

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 combination of active ingredients sofosbuvir/ velpatasvir/ voxilaprevir (Vosevi) was listed for the first time on 15 August 2017 in the "LAUER-TAXE®", the extensive German registry of available drugs and their prices.

On 16 September 2021, Vosevi 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 European 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, 12.12.2008, p. 7).

On 14 October 2021, i.e. at the latest within four weeks after informing the pharmaceutical company about the approval for a new therapeutic indication, the pharmaceutical company has submitted a dossier in due time in accordance with Section 4, paragraph 3, number 2 of the 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 combination of active ingredients sofosbuvir/ velpatasvir/ voxilaprevir with the new therapeutic indication (treatment of chronic hepatitis C virus (HCV) infection in patients aged 12 to < 18 years and weighing at least 30 kg). The G-BA commissioned the IQWiG to carry out

the assessment of the dossier. The benefit assessment was published on the website of the G-BA (www.g-ba.de) on 17 January 2022, thus initiating the written statement procedure. The oral hearing has been dispensed with since all assessment experts who submitted written statements waived their right to make an oral statement.

The G-BA came to a resolution on whether an additional benefit of sofosbuvir/ velpatasvir/ voxilaprevir compared to 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 sofosbuvir/ velpatasvir/ voxilaprevir.

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 Sofosbuvir/ Velpatasvir/ Voxilaprevir (Vosevi) according to the product information

Vosevi is indicated for the treatment of chronic hepatitis C virus (HCV) infection in patients aged 12 years and older and weighing at least 30 kg.

Therapeutic indication of the resolution (resolution of 7 April 2022):

Vosevi is indicated for the treatment of chronic hepatitis C virus (HCV) infection in adolescents aged 12 to < 18 years and weighing at least 30 kg.

2.1.2 Appropriate comparator therapy

The appropriate comparator therapy was determined as follows:

Adolescents aged 12 to < 18 years with chronic hepatitis C:

Appropriate comparator therapy for Sofosbuvir/ Velpatasvir/ Voxilaprevir:

Ledipasvir/ sofosbuvir (only for genotypes 1, 4, 5 and 6) or glecaprevir/ pibrentasvir or sofosbuvir/ velpatasvir

Criteria according to Chapter 5, Section 6 of the Rules of Procedure of the G-BA:

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.

[1] General Methods, version 6.1 from 24.01.2022. Institute for Quality and Efficiency in Health Care (IQWiG), Cologne.

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.

Justification based on the criteria set out in Chapter 5, Section 6, paragraph 3 VerfO:

on 1. Peginterferon alfa-2a, peginterferon alfa-2b, interferon alfa-2b - each in combination with ribavirin - are approved for the treatment of chronic hepatitis C in previously untreated subjects aged below 18 years. Ledipasvir/ sofosbuvir is approved for therapy naïve and pretreated adolescents aged 3 years and older with treatment recommendations for genotypes 1, 4, 5 or 6 and - only in combination with ribavirin and only in the presence of cirrhosis in treatment naïve subjects - for genotype 3. Sofosbuvir is approved in adolescents aged 12 to below 18 years with treatment recommendations for genotypes 2 and 3 in combination with ribavirin. Glecaprevir/ pibrentasvir and sofosbuvir/ velpatasvir are approved across genotypes in adolescents aged 12 to below 18 years.

on 2. Non-medicinal treatments are not considered for the therapeutic indication.

on 3. In the therapeutic indication, there are resolutions of the G-BA on the benefit assessment of medicinal products with new active ingredients in accordance with Section 35a SGB V on active ingredients/ combinations of active ingredients for the treatment of chronic hepatitis C. In the therapeutic indication for adolescents aged 12 to < 18 years, there are resolutions on the ledipasvir/ sofosbuvir combination dated 15 February 2018, on sofosbuvir dated 5 April 2018, on glecaprevir/ pibrentasvir dated 17 October 2019 and on sofosbuvir/ velpatasvir dated 1 April 2021.

on 4. The generally recognised state of medical knowledge was illustrated by a systematic search for guidelines as well as reviews of clinical studies in the present indication and is presented in the "Research and synopsis of the evidence to determine the appropriate comparator therapy according to Section 35a SGB V". 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.

It can be stated that the data basis for medicinal therapies and treatment cascades in the present therapeutic indication is limited overall, but the approved DAAs sofosbuvir in combination with ribavirin, ledipasvir/ sofosbuvir, glecaprevir/ pibrentasvir and sofosbuvir/ velpatasvir have already been considered in the current guidelines.

In adolescents who have not yet undergone pretreatment, the combination of peginterferon and ribavirin still represents an alternative to the other combinations of active ingredients, but is no longer recommended as a priority. Therapy with non-pegylated interferon is not recommended. Avoiding the side effects of interferon-containing therapy (especially growth retardation and weight loss) is of particular

importance in the present patient population, which is why peginterferons - although approved - were not determined as an alternative appropriate comparator therapy.

The combinations of active ingredients glecaprevir/ pibrentasvir and sofosbuvir/ velpatasvir are an appropriate treatment option for all adolescents aged 12 to < 18 years. Due to their pan-genotypic marketing authorisation, high SVR rates and positive side-effect profiles, they have proven their worth in care and are also regarded as standard therapy by both the guidelines and clinical experts.

In addition, the G-BA identified a hint for a non-quantifiable additional benefit for patients with genotypes 1, 4, 5 or 6 for the combination of active ingredients ledipasvir/ sofosbuvir. According to the product information, there is limited clinical data on genotypes 2 and 3 to support the use of ledipasvir/ sofosbuvir. Ledipasvir/ sofosbuvir is therefore only considered as an equally appropriate treatment option for a sub-population. Only for the intersection of patients with infection of genotypes 1, 4, 5 or 6 does it represent an equally appropriate comparator therapy to glecaprevir/ pibrentasvir and sofosbuvir/ velpatasvir.

Sofosbuvir in combination with ribavirin was also identified by the G-BA as a hint for a non-quantifiable additional benefit in patients with genotypes 2 and 3, but it is a lower-ranking therapy option due to the range of side effects of ribavirin, also in view of the alternatives that are now available.

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

Change of the appropriate comparator therapy

Until now, the combination of active ingredients sofosbuvir/ velpatasvir was not included in the options of the appropriate comparator therapy.

Taking into account the clinical treatment setting, the G-BA considers it appropriate to expand the specific appropriate comparator therapies to include the option of sofosbuvir/ velpatasvir and thus to adapt them to the current state of medical knowledge.

In addition, the observed virological response rates of sofosbuvir/ velpatasvir are comparable to those of the specific appropriate comparator therapies ledipasvir/ sofosbuvir and glecaprevir/ pibrentasvir.

Sofosbuvir in combination with ribavirin, as already described, is now only a lower-ranking treatment option and is therefore removed from the appropriate comparator therapy.

In summary, the options glecaprevir/ pibrentasvir and sofosbuvir/ velpatasvir and ledipasvir/ sofosbuvir are thus determined as the appropriate comparator therapy. Glecaprevir/ pibrentasvir and sofosbuvir/ velpatasvir are equally appropriate for all genotypes, while ledipasvir/ sofosbuvir is only an equally appropriate treatment option for genotypes 1, 4, 5 or 6.

2.1.3 Extent and probability of the additional benefit

In summary, the additional benefit of sofosbuvir/ velpatasvir/ voxilaprevir is assessed as follows:

An additional benefit is not proven for adolescents aged 12 to < 18 years with chronic hepatitis C of genotype 1, 4, 5 and 6 as well as genotype 2 and 3.

Justification:

The pharmaceutical company presents results of the non-randomised, open-label, multicentre, single-arm phase II G367-1175 study for patients aged 12 to below 18 years.

21 patients with chronic hepatitis C infection of genotype 1 (n=6), 2 (n=4), 3 (n=9) and 4 (n=2) and no patients with genotype 5 or 6 infections were enrolled in the study. Only DAA-naïve patients were enrolled.

The study examined mortality, sustained virological response (SVR) as the endpoints of morbidity, as well as health-related quality of life and side effects. These endpoints are fundamentally patient-relevant.

Due to the lack of a comparison, the single-arm study is not suitable for assessing an additional benefit; this would only be possible with very large effects compared to the appropriate comparator therapy.

Mortality

No deaths occurred.

Morbidity

A sustained virologic response 12 (SVR12) and 24 weeks (SVR24) after the end of therapy was achieved with sofosbuvir/ velpatasvir/ voxilaprevir in all 21 patients (100%). The results of the G367-1175 study are in the same order of magnitude as those of the appropriate comparator therapy.

For ledipasvir/ sofosbuvir (relevant for patients with infection of genotypes 1, 4, 5 or 6) , SVR12 and SVR 24 of 95 - 100% was observed (see G-BA resolution of 21 January 2021). For sofosbuvir/ velpatasvir, SVR12 and SVR 24 of approximately 93% was observed for children aged 6 to < 12 years (see G-BA resolution of 1 April 2021). For glecaprevir/ pibrentasvir, SVR12 of 90 - 98.3% was observed for children aged 6 to < 12 years (see G-BA resolution of 16 December 2021).

Great effects compared to the appropriate comparator therapy can therefore not be assumed.

Quality of life

Health-related quality of life was assessed in the study using PedsQL (Pediatric Quality of Life Inventory) at the start of study and at weeks 12 and 24 after the end of treatment. The instrument includes 15 questions on the dimensions of physical functioning, emotional functioning, social functioning and school functioning. There is a change in the course of study of - 1.0 points at week 12 and - 0.2 points at week 24 in the total score. The results cannot be sufficiently interpreted due to the non-comparator data.

Side effects

In the G367-1175 study, one serious adverse event (SAE) and no therapy discontinuations due to SAEs occurred.

Overall assessment

The presented single-arm G367-1175 study is not suitable for the assessment of an additional benefit due to the lack of a comparison with the respective appropriate comparator therapy; this would only be possible with very large effects compared to the appropriate comparator therapy. A sustained virologic response 12 (SVR12) and 24 weeks (SVR24) after the end of therapy was achieved with sofosbuvir/ velpatasvir/ voxilaprevir in all 21 patients (100%). The results of the G367-1175 study are in the same order of magnitude as those of the appropriate comparator therapy.

There were no deaths, one serious adverse event and no adverse events leading to therapy discontinuation. The available data on health-related quality of life cannot be adequately interpreted.

Overall, no additional benefit can be derived on the basis of the data presented.

2.1.4 Summary of the assessment

The present assessment is the benefit assessment of a new therapeutic indication for the medicinal product Vosevi with the combination of active ingredients sofosbuvir/ velpatasvir/ voxilaprevir.

The therapeutic indication assessed here is as follows: Vosevi is indicated for the treatment of chronic hepatitis C virus (HCV) infection in adolescents aged 12 to < 18 years and weighing at least 30 kg.

The G-BA determined the combinations of active ingredients glecaprevir/ pibrentasvir, sofosbuvir/ velpatasvir and, for patients with genotypes 1,4,5 or 6, ledipasvir/ sofosbuvir as the appropriate comparator therapy.

For the benefit assessment of sofosbuvir/ velpatasvir/ voxilaprevir for the treatment of adolescents aged 12 to < 18 years with chronic hepatitis C, only data from the single-arm, non-comparator G367-1175 study were presented. Due to the lack of comparison, the data are not suitable for the derivation of an additional benefit compared to the appropriate comparator therapy. In addition, the observed virologic response rates are in the same order of magnitude as for the respective appropriate comparator therapies.

An additional benefit of sofosbuvir/ velpatasvir/ voxilaprevir compared to the appropriate comparator therapy 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.

The G-BA bases its resolution on the patient numbers from the dossier submitted by the pharmaceutical company.

Each of the numbers given by the pharmaceutical company for the genotypes as well as the patients with therapy failure is subject to uncertainty due to the transfer of percentage values for adults to the age group relevant here.

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 Vosevi (active ingredient: sofosbuvir/ velpatasvir/ voxilaprevir) at the following publicly accessible link (last access: 15 March 2022):

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

Treatment with sofosbuvir/ velpatasvir/ voxilaprevir should only be initiated and monitored by specialists who are experienced in the treatment of adolescents with chronic hepatitis C virus infection.

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 March 2022).

According to the product information, the following therapy options are available:

Designation of the therapy	Duration of the treatment cycle	Use according to product information:
Medicinal product to be assessed		
Sofosbuvir/ velpatasvir/ voxilaprevir	8 weeks	Therapy naïve patients without cirrhosis
Sofosbuvir/ velpatasvir/ voxilaprevir	8 weeks	Can be considered in genotype 3 therapy naïve patients with compensated cirrhosis
Sofosbuvir/ velpatasvir/ voxilaprevir	12 weeks	Therapy naïve patients with compensated cirrhosis
Sofosbuvir/ velpatasvir/ voxilaprevir	12 weeks	Pretreated patients with or without cirrhosis
Appropriate comparator therapy		
Ledipasvir/sofosbuvir	8 weeks	Can be considered in genotype 1 patients without cirrhosis.
Ledipasvir/sofosbuvir	12 weeks	Patients with genotype 1, 4, 5, or 6 without cirrhosis or with compensated cirrhosis, a low risk of progression and retreatment option.
Ledipasvir/sofosbuvir	24 weeks	Patients with genotype 1, 4, 5 or 6 and compensated cirrhosis.
Glecaprevir/ pibrentasvir	8 weeks	Therapy naïve patients with genotype 1, 2, 3, 4, 5 or 6 with or without cirrhosis
Glecaprevir/ pibrentasvir	8 weeks	Pretreated patients with genotype 1, 2, 4, 5 or 6 without cirrhosis
Glecaprevir/ pibrentasvir	12 weeks	Pretreated patients with genotype 1, 2, 4, 5 or 6 with cirrhosis
Glecaprevir/ pibrentasvir	16 weeks	Pretreated patients with genotype 3 with or without cirrhosis
Sofosbuvir/velpatasvir	12 weeks	Patients aged 3 years and older regardless of HCV genotype

Treatment period

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.

Designation of the therapy	Treatment mode	Number of treatments/ patient /year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Medicinal product to be assessed				
Sofosbuvir/ velpatasvir/ voxilaprevir	1 x daily for 8 weeks	56	1	56

Designation of the therapy	Treatment mode	Number of treatments/ patient /year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Sofosbuvir/ velpatasvir/ voxilaprevir	1 x daily for 12 weeks	84	1	84
Appropriate comparator therapy				
Ledipasvir / sofosbuvir	1 x daily for 8 weeks	56	1	56
Ledipasvir / sofosbuvir	1 x daily for 12 weeks	84	1	84
Ledipasvir / sofosbuvir	1 x daily for 24 weeks	168	1	168
Glecaprevir/ pibrentasvir	1 x daily for 8 weeks	56	1	56
Glecaprevir/ pibrentasvir	1 x daily for 12 weeks	84	1	84
Glecaprevir/ pibrentasvir	1 x daily for 16 weeks	112	1	112
Sofosbuvir/velpatasvir	1 x daily for 12 weeks	84	1	84

Consumption:

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

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					
Sofosbuvir/ velpatasvir/ voxilaprevir	400 mg/ 100 mg/ 100 mg	400 mg/ 100 mg/ 100 mg	1 x 400 mg/100 mg/100 mg	56	56 x 400 mg/100 mg/100 mg
Sofosbuvir/ velpatasvir/ voxilaprevir	400 mg/ 100 mg/ 100 mg	400 mg/ 100 mg/ 100 mg	1 x 400 mg/100 mg/100 mg	84	84 x 400 mg/100 mg/100 mg
Appropriate comparator therapy					
Ledipasvir / sofosbuvir	90 mg/ 400 mg	90 mg/ 400 mg	1 x 90 mg/ 400 mg	56	56 x 90 mg/ 400 mg
Ledipasvir / sofosbuvir	90 mg/ 400 mg	90 mg/ 400 mg	1 x 90 mg/ 400 mg	84	84 x 90 mg/ 400 mg

Designation of the therapy	Dosage/ application	Dose/ patient/ treatment days	Consumption by potency/ treatment day	Treatment days/ patient/ year	Average annual consumption by potency
Ledipasvir / sofosbuvir	90 mg/ 400 mg	90 mg/ 400 mg	1 x 90 mg/ 400 mg	168	168 x 90 mg/ 400 mg
Glecaprevir/ pibrentasvir	300 mg/ 120 mg	300 mg/120 mg	3 x 100 mg/ 40 mg	56	168 x 100 mg/ 40 mg
Glecaprevir/ pibrentasvir	300 mg/ 120 mg	300 mg/120 mg	3 x 100 mg/ 40 mg	84	252 x 100 mg/ 40 mg
Glecaprevir/ pibrentasvir	300 mg/120 mg	300 mg/120 mg	3 x 100 mg/ 40 mg	112	336 x 100 mg/ 40 mg
Sofosbuvir/ velpatasvir	400 mg/ 100 mg	400 mg/ 100 mg	1 x 400 mg/100 mg	84	84 x 400 mg/ 100 mg

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.

Costs of the medicinal products:

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					
Sofosbuvir/ velpatasvir/ voxilaprevir 400 mg/100 mg/100 mg	28 FCT	€ 20,036.53	€ 1.77	0.00	€ 20,034.76
Appropriate comparator therapy					
Glecaprevir/ pibrentasvir	84 FCT	€ 14,995.30	€ 1.77	€ 0.00	€ 14,993.53
Ledipasvir/ sofosbuvir 90/400 mg	28 FCT	€ 14,995.30	€ 1.77	€ 0.00	€ 14,993.53
Sofosbuvir/ velpatasvir 400/100 mg	28 FCT	9,996.95	€ 1.77	€ 0.00	€ 9,995.18
Abbreviations: FCT = film-coated tablets					

LAUER-TAXE® last revised: 15 March 2022

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.

Because there are no 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, no costs for additionally required SHI services had to be taken into account.

HCV RNA testing is not listed because it can be assumed that this is a part of all active therapies by default.

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 22 June 2021, the Subcommittee on Medicinal Products determined the appropriate comparator therapy.

On 14 October 2021, the pharmaceutical company submitted a dossier for the benefit assessment of sofosbuvir/ velpatasvir/ voxilaprevir to the G-BA in due time in accordance with Chapter 5, Section 8, paragraph 1, number 2 VerfO.

By letter dated 15 October 2021 in conjunction with the resolution of the G-BA of 1 August 2011 concerning the commissioning of the IQWiG to assess the benefits 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 sofosbuvir/ velpatasvir/ voxilaprevir.

The dossier assessment by the IQWiG was submitted to the G-BA on 13 January 2022, and the written statement procedure was initiated with publication on the website of the G-BA on 17 January 2022. The deadline for submitting written statements was 7 February 2022.

The oral hearing has been dispensed with since all assessment experts who submitted written statements waived their right to make an oral statement.

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 was discussed at the session of the subcommittee on 29 March 2022, and the proposed resolution was approved.

At its session on 7 April 2022, the plenum adopted a resolution to amend the Pharmaceuticals Directive.

Chronological course of consultation

Session	Date	Subject of consultation
Subcommittee Medicinal product	22 June 2021	Determination of the appropriate comparator therapy
Working group Section 35a	15 February 2022	Information on written statements received; preparation of the oral hearing
Subcommittee Medicinal product	21 February 2022	*The oral hearing was cancelled*
Working group Section 35a	1 March 2022 22 March 2022	Consultation on the dossier assessment by the IQWiG, assessment of the written statement procedure
Subcommittee Medicinal product	29 March 2022	Concluding discussion of the draft resolution
Plenum	7 April 2022	Adoption of the resolution on the amendment of Annex XII AM-RL

Berlin, 7 April 2022

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

Prof. Hecken