Resolution
by the Federal Joint Committee
on an amendment to the Pharmaceutical Directive (AM-RL):
Appendix XII – Resolutions on the benefit assessment of pharmaceuticals with new active ingredients, in accordance with the German Social Code, Book Five (SGB V), section 35a
Aflibercept
(new therapeutic indication)

from 20 March 2014

In its session on 20 March 2014, the Federal Joint Committee resolved to amend the Pharmaceutical Directive (AM-RL), version published 18 December 2008/22 January 2009 (Federal Gazette, number 49 a of 31 March 2009), last amended on 20 February 2014 (Federal Gazette, AT 27 March 2014 B4), as follows:

I.

In appendix XII, in the details of the benefit assessment of aflibercept in the indication "for adults for the treatment of neovascular (wet) age-related macular degeneration" in accordance with the resolution of 6 June 2013, the following shall be added after number 4:

Aflibercept

Therapeutic indication:

Aflibercept (Eylea®) is indicated for adults for the treatment of visual impairment due to macular oedema secondary to central-retinal-vein occlusion (CRVO).

1. Additional benefit of the pharmaceutical over appropriate comparator

   Appropriate comparator:

   Dexamethasone (intravitreal implant) or ranibizumab

   Extent and probability of additional benefit over appropriate comparator dexamethasone (intravitreal implant) or ranibizumab

   An additional benefit over the appropriate comparator has not been proved.

2. Number of patients and criteria for defining patients eligible for treatment

   Number: approx. 19,600 – 21,200 patients

3. Requirements for quality-assured administration

   The specifications outlined in the product information are to be followed. The European Medicines Agency (EMA), the European regulatory authority, provides the product information for Eylea® (active ingredient: aflibercept) at the following public link (last accessed: 4 March 2014):

   http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Assessment_Report_-_Variation/human/002392/WC500148631.pdf

   Eylea® may be administered only by a qualified ophthalmologist experienced in the administration and follow-up care of intravitreal injections.

Continuation of treatment is not recommended if there is no improvement in the functional and morphological findings over the course of the first three injections. If three consecutive monthly treatments results in stable functional and morphological findings, the necessity and manner of continued treatment should be clarified.

So far no valid data are available for patients previously treated with other VEGF inhibitors.

Administering physicians must follow the information requested and to be supplied by the pharmaceutical company in accordance with EPAR (http://www.ema.europa.eu/docs/en_GB/document_li- brary/EPAR_-_Assessment_Report_-_Variation/human/002392/WC500148631.pdf, p. 99f.).

4. Costs of treatment

Duration of treatment:

Description of therapy	Mode of treatment	Number of treatments per patient per year	Duration per treatment (days)	Treatment days per patient per year
Aflibercept First year	Monthly injections until functional and morphological findings are stable after three check-ups; resumption of treatment if findings worsen, or prolongation of injection intervals, depending on disease progression.	3 – 12	1	3 – 12
Aflibercept Following years	Resumption of treatment if functional or morphological findings worsen, or prolongation of injection intervals, depending on disease progression.	0[1] – 12	1	0 – 12
Ranibizumab First year	Monthly injections until vision is stable for three check-ups; continued treatment in cases of vision loss	3 – 12	1	3 – 12
Ranibizumab Following years	Continued treatment in cases of vision loss	0[1] – 12	1	0 – 12
Dexamethason (intravitreal implant) First year[2]	Intravitreal injection, continued treatment in cases of vision loss (interval at least 6 months)	1 – 2	1	1 – 2
Dexamethason (intravitreal implant) Following years[2]	Intravitreal injection, continued treatment in cases of vision loss (interval at least 6 months)	0[1] – 2	1	0 – 2

Consumption:

Description of therapy	Strength (mg)	Number/amount per pack	Average annual consumption (packs)
Aflibercept	2	4	First year 3 – 12 Following years [0 – 12]
Ranibizumab	0.5	2.3	First year 3 – 12 Following years [0 – 12]
Dexamethasone (intravitreal implant)	0.7	0.7	First year 1 – 2 Following years [0 – 2]

[1] If progression findings are stable for 12 months after the previous treatment year, no further injections are administered in the following year.

[2] No empirical values on repeated administration of more than two implants for retinal vein occlusion. (product information, Ozurdex®; effective 05/2013).

Costs:

Cost of pharmaceutical:

Description of therapy	Costs (pharmacy retail price)	Cost after legally mandated rebates
Aflibercept	€1,136.22[3]; €1,050.25[4]	€1,048.45 [€1.80[5]]
Ranibizumab	€1,262.96	€1,201.74 [€1.80[5]; €59.42[6]]
Dexamethasone (intravitreal implant)	€1,395.41	€1,327.91 [€1.80[5]; €65.70[6]]

"Lauer-Taxe", effective: 1 March 2014

Costs for additional, necessary statutory health insurance (SHI) benefits:

Description of therapy	Type of benefit	Cost per unit	Number per patient per year	Cost per patient per year
Aflibercept	Intravitreal injection	Not quantifiable[7, 8, 9]	First year 3 – 12 Following years [0 – 12]	Not quantifiable[7]
Ranibizumab	Intravitreal injection	Not quantifiable[7, 9]	First year 3 – 12 Following years [0 – 12]	Not quantifiable[7]
Dexamethasone (intravitreal implant)	Intravitreal injection	Not quantifiable[7, 9]	First year 1 – 2 Following years [0 – 2]	Not quantifiable[7]

Annual treatment costs:

Description of therapy	Annual treatment costs per patient[10]
Aflibercept	First year €3,145.35 – €12,581.40 Following years €0 – €12,581.40
Ranibizumab	First year €3,605.22 – €14,420.88 Following years €0 – €14,420.88
Dexamethasone (intravitreal implant)	First year €1,327.91 – €2,655.82 Following years €0 – €2,655.82

II.

This resolution takes effect on the day of its publication in the internet on the website of the Federal Joint Committee on 20 March 2014.

The justification for this resolution will be published on the websites of the Federal Joint Committee at www.g-ba.de.

Berlin, 20 March 2014

The Federal Joint Committee in
accordance with SGB V, section 91

The Chair
Hecken

[3] The pharmacy retail price shown in the Lauer-Taxe based on manufacturer's information.

[4] Pharmacy retail price based on reimbursable price.

[5] Rebate in accordance with SGB V, section 130.

[6] Rebate in accordance with SGB V, section 130a.

[7] EBM number not available.

[8] The aflibercept product information recommends basing treatment intervals on functional and morphological progress. Check-up intervals should be determined by the attending physician; they may be more frequent than injection intervals. Costs for morphological examinations, e.g. optical coherence tomography OCT, cannot be quantified at the time of resolution, as they are not reflected in the EBM.

[9] Vision check-ups included in basic price.

[10] Costs for additional SHI expenses not quantifiable.