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
Autologous Anti-CD19-transduced CD3+ Cells (relapsed or refractory mantle cell lymphoma); requirement of routine practice data collection and evaluations

of 16 March 2023

## Contents

## 1. Legal basis

According to Section 35a, paragraph 3b, sentence 1 SGB V, the Federal Joint Committee (G-BA) can demand the pharmaceutical company to submit routine practice data collections and evaluations for the purpose of the benefit assessment within a reasonable period of time for the following medicinal products:

1. in the case of medicinal products authorised to be placed on the market in accordance with the procedure laid down in Article 14, paragraph 8 of Regulation (EC) No. 726/2004 of the European Parliament and of the Council of 31 March 2004 laying down Community procedures for the authorisation and supervision of medicinal products for human and veterinary use and establishing a European Medicines Agency (OJ L 136, 30.4.2004, p. 1), as last amended by Regulation 162 Rules of Procedure last revised: 16 December 2020 (EU) 2019/5 (OJ L 4, 7.1.2019, p. 24), or for which a marketing authorisation has been granted in accordance with Article 14-a of Regulation (EC) No. 726/2004; and
2. for medicinal products approved for the treatment of rare diseases under Regulation No. 141/2000.

## 2. Key points of the resolution

At its session on 21 July 2022, the G-BA decided on the requirement of routine practice data collection and evaluations for the active ingredient autologous anti-CD19-transduced CD3+ cells in accordance with Section 35a SGB V. Subsequent to the publication of the resolution on the website of the G-BA, changes to the G-BA's requirement of routine practice data collection and evaluations have resulted from the coordination of the study protocol and statistical analysis plan with the pharmaceutical company.

**On the changes in detail**

**On 1)**

Considering the effort and relevance for the present routine practice data collection and associated evaluations, the information on the required endpoints in the endpoint category of side effects is adjusted.

**On a)**

The requirement to assess and evaluate serious adverse events shall be operationalised as the overall rate of events leading to hospitalisation or prolonging an existing hospitalisation and events leading to death.

**On b)**

The adverse events that lead to hospitalisation or prolong an existing hospitalisation are to be shown separately as overall rate.

**On c)**

The endpoint of discontinuation due to AEs cannot be meaningfully interpreted due to the different forms of therapy in the present data collection (CAR-T cell therapy versus patient-individual therapy). Therefore, in the present case, the G-BA waives the requirement to assess and evaluate the endpoint "discontinuation due to adverse events (overall rate)".

**On d)**

Instead of the complete survey of severe adverse events, the criterion for a CTCAE grade 3 or higher or the general criterion of "significant impairment of the activity of daily living" as specified in the CTCAE classification must be surveyed for the specific adverse events in the present routine practice data collection, in addition to the information on the respective severity, and these events must be evaluated separately accordingly. This is specified in detail by addition of the parenthesis. In addition, specific adverse events, which are to be defined for the present routine practice data collection, are added. These include: Cytokine Release Syndrome (CRS), neurologic events (including immune effector cell-associated neurotoxicity syndrome, encephalopathy and peripheral neuropathy), infections, cytopenias (anaemia, leukopenia, thrombocytopenia), hypogammaglobulinemia, Tumour Lysis Syndrome (TLS), Graft-versus-Host Disease (GvHD), secondary neoplasms, cardiac arrhythmias, heart failure (new onset).

**On 2)**

This change is a correction of the information on the number of interim analyses to be submitted in section 1.4. The pharmaceutical company shall submit evaluations of 3 interim analyses. In accordance with Section 2.3 of the resolution of 21 July 2022, these shall be submitted to the G-BA 18 months, 36 months and 54 months after the start of the routine practice data collection.

## 3. Participation of the expert bodies according to Section 35a, paragraph 3b, sentences 7 and 8 SGB V

A new submission procedure need not be carried out as the present amendments at least do not represent any significant changes compared to the resolution on the requirement of routine practice data collection and evaluations of 21 July 2022, cf. Chapter 1 Section 14, paragraph 1 Rules of Procedure of the G-BA.

## 4. 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.

## 5. Process sequence

Subsequent to the resolution of 21 July 2022 on an amendment to the Pharmaceuticals Directive (AM-RL) Annex XII - Resolutions on the benefit assessment of medicinal products with new active ingredients according to Section 35a SGB V – Autologous anti-CD19-transduced CD3+ cells, an amendment to the resolution is necessary due to the coordination of the study protocol and statistical analysis plan with the pharmaceutical company.

The issue was discussed in the working group WG RPDC and in the Subcommittee on Medicinal Products.

At its session on 16 March 2023, the plenum adopted by consensus a resolution to amend the AM-RL.

**Chronological course of consultation**

| Session | Date | Subject of consultation |
|---|---|---|
| WG RPDC | 13 February 2023<br>2 March 2023 | Consultation on the issue |
| Subcommittee Medicinal products | 7 March 2023 | Consultation on the amendment to the resolution of 21 July 2022 |
| Plenum | 16 March 2023 | Resolution on the amendment to the resolution of 21 July 2022 |

Berlin, 16 March 2023

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

Prof. Hecken