

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)

Nonacog beta pegol
(new therapeutic indication: haemophilia B, < 12 years)

of 15 February 2024

At its session on 15 February 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. 4 to the information on the benefit assessment of Nonacog beta pegol in accordance with the resolution of 19.04.2018:**

Nonacog beta pegol

Resolution of: 15 February 2024
Entry into force on: 15 February 2024
Federal Gazette, BAnz AT DD. MM YYYY Bx

New therapeutic indication (according to the marketing authorisation of 4 August 2023):

Treatment and prophylaxis of bleeding in patients with haemophilia B (congenital factor IX deficiency). Refixia can be used with all age groups.

Therapeutic indication of the resolution (resolution of 15 February 2024):

Treatment and prophylaxis of bleeding in patients with haemophilia B (congenital factor IX deficiency) aged < 12 years.

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

Patients aged < 12 years with haemophilia B

Appropriate comparator therapy for nonacog beta pegol:

- recombinant or coagulation factor IX preparations derived from human blood plasma

Extent and probability of the additional benefit of nonacog beta pegol compared to the appropriate comparator therapy:

An additional benefit is not proven.

Study results according to endpoints:¹

Patients aged < 12 years with haemophilia B

No suitable data versus the appropriate comparator therapy were presented.

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 ↑↑: 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

Patients aged < 12 years with haemophilia B

approx. 100 - 110 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 Refixia (active ingredient: nonacog beta pegol) at the following publicly accessible link (last access: 6 February 2024):

https://www.ema.europa.eu/en/documents/all-authorized-presentations/refixia-epar-all-authorized-presentations_en.pdf

Treatment with nonacog beta pegol should only be initiated and monitored by doctors experienced in treating patients with haemophilia B.

¹ Data from the dossier evaluation of the Institute for Quality and Efficiency in Health Care (IQWiG) (A23-90) unless otherwise indicated.

4. Treatment costs

Annual treatment costs:

Patients aged < 12 years with haemophilia B

Designation of the therapy	Annual treatment costs/ patient	
Medicinal product to be assessed:		
Nonacog beta pegol		
	6 to < 12 years	€ 93,104.78 - € 183,309.16
	0 to < 6 years	€ 47,095.27 - € 93,104.78
Appropriate comparator therapy:		
<i>recombinant blood coagulation factor IX preparations</i>		
Albutrepenonacog alfa		
	6 to < 12 years	€ 87,986.48 - € 195,540.68
	0 to < 6 years	€ 44,450.68 - € 110,454.08
Eftrenonacog alfa		
	6 to < 12 years	€ 121,064.25 - € 263,353.00
	0 to < 6 years	€ 48,735.38 - € 145,188.63
Nonacog alfa		
	6 to < 12 years	€ 96,053.08 - € 225,482.11
	0 to < 6 years	€ 48,452.00 - € 128,035.70
Nonacog gamma		
	6 to < 12 years	€ 93,645.50 - € 428,824.55
	0 to < 6 years	€ 47,246.84 - € 219,860.79
<i>Blood coagulation factor IX preparations derived from human blood plasma</i>		
Human plasma-derived preparations ²	6 to < 12 years	€ 39,831.45 - € 210,115.05

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 January 2024)

Costs for additionally required SHI services: not applicable

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:

² Cost representation based on the requirements in the product information for AlphaNine Other proprietary medicinal products are available.

Patients aged < 12 years with haemophilia B

- 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 15 February 2024.

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

Berlin, 15 February 2024

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

Prof. Hecken