Justification

Gemeinsamer Bundesausschuss

of the Resolution of the Federal Joint Committee (G-BA) on an Amendment of the Pharmaceuticals Directive (AM-RL): Annex XII – Benefit Assessment of Medicinal Products with New Active Ingredients according to Section 35a SGB V Avapritinib (Gastrointestinal Stromal Tumours)

of 15 April 2021

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.

For medicinal products for the treatment of a rare disease (orphan drugs) that are approved according to Regulation (EC) No. 141/2000 of the European Parliament and the Council of 16 December 1999, the additional medical benefit is considered to be proven through the grant of the marketing authorisation according to Section 35a paragraph 1, sentence 11,1 half of the sentence German Social Code, Book Five (SGB V), the additional medical benefit is considered to be proven through the grant of the marketing authorisation Evidence of the medical benefit and the additional medical benefit in relation to the appropriate comparator therapy do not have to be submitted (Section 35a, paragraph 1, sentence 11, 2nd half of the sentence SGB V). Section 35a, paragraph 1, sentence 11,1st half of the sentence SGB V thus guarantees an additional benefit for an approved orphan drug, although an evaluation of the orphan drug in accordance with the principles laid down in Section 35a paragraph 1, sentence 3, No. 2 and 3 SGB V in conjunction with Chapter 5 Sections 5 et seq. of the Rules of Procedure (VerfO) of the G-BA has not been carried out. In accordance with Section 5, paragraph 8 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV), only the extent of the additional benefit is to be quantified indicating the significance of the evidence.

However, the restrictions on the benefit assessment of orphan drugs resulting from the statutory obligation to the marketing authorisation do not apply if the turnover of the medicinal product with the SHI at pharmacy sales prices and outside the scope of SHI-accredited medical care, including VAT exceeds €50 million in the last 12 calendar months. According to Section 35a paragraph 1, sentence 12 SGB V, the pharmaceutical company must then, within three months of being requested to do so by the G-BA, submit evidence according to Chapter 5, Section 5, subsection 1–6 VerfO, in particular regarding the additional medical benefit in relation to the appropriate comparator therapy as defined by the G-BA according to Chapter 5 Section 6 VerfO and prove the additional benefit in comparison with the appropriate comparator therapy.

In accordance with Section 35a paragraph 2 SGB V, the G-BA decides whether to carry out the benefit assessment itself or to commission the Institute for Quality and Efficiency in Health Care (IQWiG). Based on the legal requirement in Section 35a paragraph 1 sentence 11 SGB V that the additional benefit of an orphan drug is considered to be proven through the grant of the marketing authorisation the G-BA modified the procedure for the benefit assessment of orphan drugs at its session on 15 March 2012 to the effect that, for orphan drugs, the G-BA initially no longer independently determines an appropriate comparator therapy as the basis for the solely legally permissible assessment of the extent of an additional benefit to be assumed by law. Rather, the extent of the additional benefit is assessed exclusively on the basis of the authorisation studies by the G-BA indicating the significance of the evidence.

Accordingly, at its session on 15 March 2012, the G-BA amended the mandate issued to the IQWiG by the resolution of 1 August 2011 for the benefit assessment of medicinal products with new active ingredients in accordance with Section 35a paragraph 2 SGB V to that effect that, in the case of orphan drugs, the IQWiG is only commissioned to carry out a benefit assessment in the case of a previously defined comparator therapy when the sales volume of the medicinal product concerned has exceeded the legal limit of €50 million and is therefore subject to an unrestricted benefit assessment (cf. Section 35a paragraph 1, sentence 12 SGB V). According to Section 35a paragraph 2 SGB V, the assessment by the G-BA 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 relevant date for the first submission on the market of the combination of active ingredient avapritinib in accordance with Chapter 5, Section 8, number 1, sentence 2 of the Rules of Procedure of the G-BA (VerfO) is 1 November 2020. The pharmaceutical company submitted the final dossier to the G-BA in accordance with Section 4, paragraph 3, number 1 of the Ordinance on the Benefit Assessment of Pharmaceuticals (AM- NutzenV) in conjunction with Chapter 5, Section 8, number 1 VerfO on 13 October 2020.

Avapritinib for the treatment of gastrointestinal stromal tumours is approved as a medicinal product for the treatment of a rare disease under Regulation (EC) No 141/2000 of the European Parliament and the Council of 16 December 1999.

In accordance with section 35a, paragraph 1, sentence 11, 1st half of the sentence German Social Code, Book Five (SGB V), the additional benefit is considered to be proven through the grant of the marketing authorisation. The extent of the additional benefit and the significance of the evidence are assessed on the basis of the authorisation studies by the G-BA.

The G-BA carried out the benefit assessment and commissioned the IQWiG to evaluate the information provided by the pharmaceutical company in Module 3 of the dossier on treatment costs and patient numbers. The benefit assessment was published on 1 February 2021 together with the IQWiG assessment on the website of the G-BA (www.g-ba.de), thus initiating the written statement procedure. In addition, an oral hearing was held.

The G-BA made its decision on the basis of the pharmaceutical company's dossier, the dossier assessment carried out by the G-BA, the IQWiG assessment of treatment costs and patient numbers (IQWiG G20-26) and the statements made in the written statements and oral hearing process, as well of the addendum drawn up by the G-BA on the benefit assessment.

In order to determine the extent of the additional benefit, the G-BA has evaluated the studies relevant for the marketing authorisation with regard to their therapeutic relevance (qualitative) in accordance with the criteria laid down in Chapter 5, Section 5, paragraph 7, sentence 1, numbers 1 – 4 VerfO. The methodology proposed by the IQWiG in accordance with the General Methods [1] was not used in the benefit assessment of avapritinib.

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

2.1.1 Approved therapeutic indication of avapritinib (ayvakyt) in accordance with the product information

Ayvakyt is indicated as monotherapy for the treatment of adult patients with unresectable or metastatic gastrointestinal stromal tumours (GIST) harbouring the platelet-derived growth factor receptor alpha (PDGFRA) D842V mutation.

Therapeutic indication of the resolution (resolution from the 15 April 2021):

1 General Methods, version 6.0 from 5.11.2020. Institute for Quality and Efficiency in Health Care (IQWiG), Cologne.

see approved therapeutic indication

2.1.2 Extent of the additional benefit and the significance of the evidence

Adult patients with unresectable or metastatic gastrointestinal stromal tumours (GIST) harbouring the platelet-derived growth factor receptor alpha (PDGFRA) D842V mutation.

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

Hint for a non-quantifiable additional benefit, because the scientific data does not allow a quantification.

Justification:

For the benefit assessment of the active ingredient avapritinib, the pharmaceutical company submitted results of the ongoing pivotal study NAVIGATOR (BLU-285-1101). These are used as the basis for the benefit assessment.

NAVIGATOR study

NAVIGATOR is a single-arm, multicentre, international phase I/II study investigating avapritinib in 237 patients with GIST and other relapsed or refractory solid tumours. The study is divided into a dose-escalation phase (Part I) and an extension phase (Part II).

Fifty-six of the 237 patients had unresectable or metastatic GIST with a PDGFRA-D842V mutation, and only 28 of these 56 patients were treated with a starting dose of 300 mg/day according to avapritinib's product information. These 28 patients from the NAVIGATOR study form the sub-population whose data are relevant for the present benefit assessment.

Thirteen of the 28 patients (46.3%) were in TNM stage IV at the time of the study screening. The median number of prior treatments with tyrosine kinase inhibitors (TKIs) at baseline was 1, with a minimum of 0 and a maximum of 5 prior treatments with TKIs. According to the approved therapeutic indication, avapritinib can be used independently of the line of therapy. According to the opinions of the clinical experts in the present benefit assessment procedure, patients with a PDGFRA-D842V mutation do not respond to any of the other TKIs approved for the treatment of patients with GIST. It is therefore anticipated that avapritinib will be used in the primary treatment of patients with unresectable or metastatic GIST who have the PDGFRA-D842V mutation.

Overall response rate is the primary endpoint of the extension phase (part II) of the NAVIGATOR trial. In addition, overall survival and adverse events were recorded.

In the dossier for the benefit assessment, the pharmaceutical company submitted results for two data cut-offs (16 November 2018, 9 March 2020). The benefit assessment is based on the data cut-off of 9 March 2020 requested by the regulatory authority. Within the scope of the written statement procedure, the pharmaceutical company also submitted evaluations for the endpoint overall survival for the final data cut-off of 29 January 2021, which are presented as a supplement for the present assessment.

In addition to the NAVIGATOR study, the pharmaceutical company also submitted the VOYAGER study (BLU-285-1303) and a propensity score (PS)-adjusted indirect comparison between the NAVIGATOR study and the retrospective observation study BLU-285-1002 in the dossier for the benefit assessment. Both the results of the VOYAGER study and the indirect comparison are not used for the present assessment:

VOYAGER study

The VOYAGER study is a randomised phase III trial investigating treatment with avapritinib versus regorafenib in subjects with locally advanced unresectable or metastatic GIST who have previously received imatinib and one or two other TKIs. Thirteen subjects with

unresectable or metastatic GIST and presence of a PDGFRA-D842V mutation were included, corresponding to the therapeutic indication for which avapritinib was evaluated. According to amendment 3 to 3.2 of the SAP, the descriptive analyses of the study results conducted by the pharmaceutical company for the data cut-off of 9 March 2020 were not planned a priori. In addition, it is not clear from the information provided by the pharmaceutical company in the dossier and in the context of the comments procedure that the data cut-off of the VOYAGER study was requested by the European Medicines Agency (EMA).

The submitted analyses of the VOYAGER study are therefore assessed as not prespecified, which means that outcome-driven reporting cannot be ruled out. The results of the VOYAGER study are not used for this benefit assessment.

Propensity score (PS)-adjusted indirect comparison between the NAVIGATOR study and the retrospective observation study BLU-285-1002

The PS-adjusted indirect comparison between the NAVIGATOR study and the retrospective observation study BLU-285-1002 submitted with the dossier is not considered for the present assessment, in particular due to the choice of the starting point of the observation period for the time-to-event analysis in the external control group. Accordingly, patients with different numbers of pre-treatments with TKIs (0 to > 4) are included in the NAVIGATOR study - in accordance with the approved therapeutic indication of avapritinib - which means that the patients in the NAVIGATOR study are in different therapy lines. In the external control population, the patients also underwent different numbers of therapy lines with TKIs. For the statistical analysis presented in the dossier, however, the follow-up with regard to overall survival was determined for the control population from the start of the first therapy with a TKI, which means that all patients in the control population are in the first line of therapy. The start of the observation period for overall survival has thus not been chosen in the comparison group according to the therapy lines of the study population of the NAVIGATOR study. Thus, the comparison in the form of a time-to-event analysis is not adequate. Furthermore, for the indirect comparison presented in the dossier, there are further limitations regarding the external control group with regard to the description of the selection of the study population and the endpoints, as well as the definition of the inclusion and exclusion criteria.

Within the scope of the oral comments procedure, the pharmaceutical company held out the prospect of additional further data analyses regarding the indirect comparison, which address the points of criticism raised within the scope of the benefit assessment. However, the pharmaceutical company did not submit any new analyses on the indirect comparison in the follow-up to the oral hearing.

Overall, the indirect comparison between the NAVIGATOR study and the retrospective observation study BLU-285-1002 is therefore not considered for the present benefit assessment. This is due in particular to the inadequate choice of the starting point of the observation period for the time-to-event analysis in the external control group. The pharmaceutical company did not submit a suitable evaluation.

Mortality

Overall survival

Overall survival is defined as the time from the start of study medication until the patient dies or is censored.

As of the data cut-off of 9 March 2020, 8 patients of the relevant sub-population of the NAVIGATOR study had died (29%) after a median observation period of 25.5 months, which means that the median survival time had not yet been reached.

In addition, the results of the final data cut-off of 29 January 2021 with a median observation period of 33.1 months are available for the endpoint overall survival. At the time of the data cut-off, 9 patients of the relevant sub-population had died (32%). Data on other endpoints were not reported for this data cut-off. In addition, the available data are incomplete with regard to censoring and description or legends of the Kaplan-Meier curves. The results were only presented as a supplement.

Overall, however, the results of the NAVIGATOR study for the endpoint overall survival do not allow a statement to be made on the extent of the additional benefit for the endpoint category mortality, as no comparative data are available.

Morbidity

Progression-free survival (PFS)

PFS was collected as a secondary endpoint in the NAVIGATOR trial and was defined as the time from the start of treatment with avapritinib until the date of the first documented disease progression or death from any cause, whichever occurs first. Disease progression was determined using the mRECIST-V1.1 criteria (modified RECIST-V1.1 criteria) by central radiology.

The median PFS was 24 months; comparative data based on the NAVIGATOR study are not available.

The PFS endpoint is a combined endpoint composed of endpoints of the mortality and morbidity categories. The endpoint component "Mortality" was collected in the NAVIGATOR study via the endpoint "overall survival" as an independent endpoint.

The morbidity component "Disease progression" was assessed solely by means of imaging procedures (radiologically determined disease progression according to the mRECIST V1.1 criteria). Thus, morbidity is not primarily assessed on the basis of disease symptoms, but solely on the basis of asymptomatic findings that are not directly relevant to the patient.

Taking into consideration the aforementioned aspects, there are different views within the G-BA regarding the patient relevance of the endpoint PFS.

The overall statement on the extent of the additional benefit remains unaffected.

Overall Response Rate

Overall response rate (Overall Response Rate, ORR) is a primary endpoint of the extension phase (part II) of the NAVIGATOR study and is defined as the confirmed rate of complete response (Complete Response, CR) or partial response (Partial Response, PR).

Response was assessed based on the mRECIST V1.1 criteria and evaluated by central radiology. Thus, morbidity is not primarily assessed on the basis of disease symptoms, but solely on the basis of asymptomatic findings that are not directly relevant to the patient.

A validation of the endpoint as a surrogate parameter for patient-relevant endpoints is not available. The overall response rate is presented in the present assessment only as a supplement to the resolution.

Quality of life

No data on endpoint category Quality of life are available.

Side effects

Adverse events (AE) in total

AE occurred in all study participants. The results were only presented as a supplement.

Serious adverse events (SAE)

SAEs occurred in 75% of patients. The most common SAEs were "gastrointestinal disorders (SOC)" and "infections and infestations (SOC)".

Severe AE (CTCAE grade ≥ 3)

Severe AEs (CTCAE grade ≥ 3) occurred in almost all patients (96%). The most frequent severe AEs were those in SOC "Blood and lymphatic system disorders", "Investigations, examinations", "Metabolic and nutritional disorders" and "Gastrointestinal disorders".

Therapy discontinuations due to AE

More than one-third of patients (36%) discontinued avapritinib therapy due to AEs.

AE of special interest

AEs of special interest included "Cognitive effects" and "Intracranial haemorrhage". Cognitive effects occurred in 68% of patients. These included "Cognitive impairment", "Memory impairment" and "Confusional state". "Intracranial haemorrhage" occurred in 7% of patients.

Overall, the results of the NAVIGATOR study on adverse events do not allow a statement to be made on the extent of additional benefit for the endpoint category side effects, as no comparative data are available.

Overall assessment

The assessment of the additional benefit of avapritinib for the treatment of adult patients with unresectable or metastatic gastrointestinal stromal tumours (GIST) that have the platelet-derived growth factor receptor alpha (PDGFRA) D842V mutation is based on the single-arm NAVIGATOR study (BLU-285-1101).

Results from the NAVIGATOR study are available on patient-relevant endpoints in the categories of mortality and side effects.

A comparative assessment of the study results is not possible due to the single-arm design of the NAVIGATOR study.

The results of the VOYAGER study (BLU-285-1303) submitted by the pharmaceutical company for the benefit assessment are not used for the present benefit assessment, as the evaluations of the VOYAGER study are assessed as not prespecified.

The propensity score (PS)-adjusted indirect comparison between the NAVIGATOR study and the retrospective observation study BLU-285-1002 is also not considered for the present benefit assessment. This is due in particular to the choice of the starting point of the observation period for the time-to-event analysis in the external control group.

A quantitative assessment of the extent of the effect and a quantification of the additional benefit on the basis of the data presented is therefore not possible.

As a result, the G-BA classifies the extent of the additional benefit of avapritinib for the treatment of adult patients with unresectable or metastatic GIST who have the platelet-derived growth factor receptor alpha D842V mutation as non-quantifiable due to the limited data basis based on the criteria in Section 5, paragraph 7 of the AM-NutzenV, taking into account the

severity of the disease and the therapeutic objective in the treatment of the disease. An additional benefit in accordance with Section 35a, paragraph 1, sentence 11, 1st half of the sentence SBG V, because the scientific data does not allow a quantification.

Significance of the evidence

The NAVIGATOR study is a single-arm study, so that a high risk of bias can be assumed. No adequate comparison is available.

The reliability of data is assessed with a hint because only a single-arm study is available, and a comparative assessment is not possible.

In the overall review the result is a hint for a non-quantifiable additional benefit with regard to significance of the evidence.

2.1.3 Summary of the assessment

The present assessment concerts the benefit assessment of the new medicinal product ayvakyt with active ingredient avapritinib.

Ayvakyt was approved and under special conditions as an orphan drug.

Avapritinib is indicated as monotherapy for approved the treatment of adult patients with unresectable or metastatic gastrointestinal stromal tumours (GIST) harbouring the platelet-derived growth factor receptor alpha (PDGFRA) D842V mutation.

For the benefit assessment, the pharmaceutical company submitted results of the ongoing, single-arm study NAVIGATOR (BLU-285-1101) on patient-relevant endpoints in the categories mortality and side effects. However, a comparative assessment of the study results is not possible due to the single-arm design of the study.

The results of the VOYAGER study (BLU-285-1303) submitted by the pharmaceutical company for the benefit assessment are not used for the present benefit assessment, as the evaluations of the VOYAGER study are assessed as not prespecified.

Also the indirect comparison between the NAVIGATOR study and the retrospective observation study BLU-285-1002 is not considered for the present benefit assessment. This is due in particular to the choice of the starting point of the observation period for the time-to-event analysis in the external control group.

Overall, only data from a single-arm study are available, which do not allow a comparison. The data are therefore not suitable for quantifying the extent of the additional benefit.

The reliability of data is assessed with a hint because only a single-arm study is available, and a comparative assessment is not possible.

In the overall assessment, a hint for a non-quantifiable additional benefit is identified for avapritinib because the scientific data basis does not allow quantification.

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 information from the dossier of the pharmaceutical company. However, the range given is subject to uncertainties.

Accordingly, there are uncertainties with regard to the incidence rate of 0.31 to 1.96 GIST cases per 100,000 inhabitants. In comparison with current data from Germany with an age-standardised incidence rate for GIST of 1.12 per 100,000 women and 1.55 per 100,000 men, it can be assumed that the incidence is rather in the middle range of the range stated by the pharmaceutical company.

Furthermore, the information on the survival rates calculated from study data of the pharmaceutical company is subject to uncertainties, as these have not been published.

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 Ayvakyt (active ingredient: avapritinib) at the following publicly accessible link (last access: 24 March 2021):

https://www.ema.europa.eu/documents/product-information/ayvakyt-epar-product-information_de.pdf

Treatment with avapritinib should only be initiated and monitored by specialists in internal medicine, haematology, and oncology, specialists in gastroenterology, and specialists participating in the Oncology Agreement who are experienced in the treatment of patients with gastrointestinal stromal tumours.

This medicinal product was approved under "special conditions". This means that further evidence of the benefit of the medicinal product is anticipated. The EMA will assess new information on this medicinal product at least annually and update the product information for healthcare professionals as necessary.

Patient selection for treatment of gastrointestinal stromal tumours with the PDGFRA-D842V mutation should be based on a validated testing method.

Avapritinib has been associated with an increased incidence of haemorrhagic events. The risk of intracranial haemorrhage should be carefully assessed before initiating therapy.

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 2021).

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 is patient-individual 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 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.

Treatment duration:

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Days of treatment/ patient/ year
Medicinal product to be assessed				
Avapritinib	continuously, 1 x daily	365	1	365

Consumption:

Designation of the therapy	Dosage/ application	Dosage/patient/days of treatment	Consumption according to potency/day of treatment	Treatment days patient/ year	Annual average consumption by potency
Medicinal product to be assessed					
Avapritinib	300 mg	300 mg	1 x 300 mg	365	365 x 300 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 Sections 130 and 130 a 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 product:

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					
Avapritinib 300 mg	30 FCT	€ 35,666.92	€ 1.77	€ 2,036.36	€ 33,628.79
Abbreviations: FCT = Film-coated tablets					

LAUER-TAXE® last revised: 15 March 2021

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 or patient information leaflet, the differences 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.

For the cost representation no additionally required SHI services are considered.

3. Bureaucratic costs

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

On 13 October 2020, the pharmaceutical company submitted a dossier for the benefit assessment of avapritinib to the G-BA in due time in accordance with Chapter 5, Section 8, number 1, sentence 2 VerfO.

The benefit assessment of the G-BA was published on 1 February 2021 together with the IQWiG assessment of treatment costs and patient numbers on the website of the G-BA (www.g-ba.de), thus initiating the written statement procedure. The deadline for submitting the written statements was 22 February 2021.

The oral hearing was held on 9 March 2021.

An amendment to the benefit assessment with a supplementary assessment of data submitted in the comments procedure was submitted on 25 March 2021.

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 were discussed at the session of the subcommittee on 7 April 2021, and the draft resolution was approved.

At its session on 15 April 2021, the plenum adopted a resolution to amend the Pharmaceuticals Directive.

Chronological course of consultation

Session	Date	Subject of consultation
Subcommittee Medicinal products	26 January 2021	Information of the benefit assessment of the G-BA
Working group Section 35a	2 March 2021	Information on written statement procedures received; preparation of the oral hearing
Subcommittee Medicinal products	9 March 2021	Conduct of the oral hearing
Working group Section 35a	16 March 2021 30 March 2021	Consultation on the dossier assessment by the G-BA, the assessment of treatment costs and patient numbers by the IQWiG, and the evaluation of the written statement procedure
Subcommittee Medicinal products	7 April 2021	Concluding consultation of the draft resolution
Plenum	15 April 2021	Adoption of the resolution on the amendment of Annex XII AM-RL

Berlin, 15 April 2021

Federal Joint Committee in accordance with Section 91 SGB V The chairman

Prof. Hecken