Introduction

Since AMNOG (Arzneimittelmarktneuordnungsgesetz) was introduced in 2011, pharmaceutical manufacturers are required to submit a benefit dossier for each innovative drug to the Federal Joint Committee (G-BA, Gemeinsamer Bundesausschuss). The benefit assessment results serve as the basis for subsequent price negotiations with the Head Association of the Statutory Health Insurance (GKV-Spitzenverband).

Orphan drugs receive an additional benefit by default, but may receive a nonquantifiable one due to limited availability of clinical evidence. Where evidence is preliminary or insufficient, the G-BA may apply a time limit to a product’s resolution, requiring the product to undergo another early benefit assessment after the expiration of the initial assessment.

In this study, we investigate the incidence of time-limited resolutions and the role of the orphan status and therapeutic area. We aim to better understand the reasoning driving time-limited assessment outcomes. Ultimately, we explore the impact of the final, updated benefit rating after the re-assessment on price.

Methodology

Using the G-BA website, we collected all time-limited G-BA resolutions since the introduction of AMNOG. For each time-limited assessment, we tracked therapeutic area, orphan status, benefit rating, date of and reasons for re-evaluation, as well as first and final resolution dates. We then compared the benefit assessment outcomes after the re-evaluation of those drugs for all drugs with a finalised re-assessment until June 2018. To identify the impact of the updated benefit assessment outcomes, we collected the manufacturer selling price and negotiated rebates at launch, prior to re-evaluation, and after re-evaluation.

Discussion and conclusions

Time-limited assessments represent approximately 15% of all resolutions passed by the G-BA. The G-BA generally uses the possibility to limit the benefit assessments to a certain time frame to ensure all relevant evidence can be considered for the final benefit rating. Often (35% of all limited resolutions), the G-BA is following EMA in case of conditional EMA approval.

A time-limited rating does not necessarily lead to a less favourable assessment outcome initially. In fact, the distribution of additional benefit of time-limited resolutions seems to be in line with the distribution throughout all drugs that have gone through AMNOG (also considering the high share of orphan drugs among time-limited assessments, explaining the high prevalence of “unquantifiable” ratings).

However, the probability of improving a drug’s initial rating through the second assessment (after expiration of the first) is just as likely as the probability of worsening it (–45%).

This change in benefit level has an impact on the rebate, which will be renegotiated by manufacturer and GKV-SV after the second assessment. One would expect that a decrease in additional benefit would lead to an increase in rebate and vice versa.

While the sample size for this analysis is small (n=18), the comparison of change in rebate and change in benefit level shows that this expectation is true to some degree: a worsened rating (especially one where all added benefit is lost across subpopulations) is likely to lead to an increase in negotiated rebate (4/6 cases, one is unchanged), while an improved rating is more likely to lead to an increase in reimbursed price (3/7 cases, 3 are unchanged).

It is worth noting that some manufacturers use this mechanism to their advantage. One drug (Targrisso) was not launched until it improved significantly in its re-assessment, while another (Stivarga) was taken off the market during price negotiations after its added benefit decreased significantly, most likely to prevent the publication of a high rebate.

References

G-BA resolutions collected from www.g-ba.de, last accessed October 18, 2018; Price and rebate information from www.lauer-fischer.de, last accessed July 11, 2018

G-BA conditional approvals in the AMNOG procedure: Impact on HTA outcomes and price

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