

Zitationshinweis

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ZVT in the AMNOG: now new with off-label use?

>> The AMNOG is known to be a ‚learning system'. But in some cases the system is being taught a lesson. For example, by the Federal Social Court (BSG) in February 2023 in the so-called Regadenoson ruling: the G-BA's decision on this active substance was declared invalid. This (in brief) because of the insufficient consideration of the soloist status and because of the consideration of medicinal products in off-label use as appropriate comparative therapy (ZVT).

‚Compared to a soloist under marketing authorisation law, the off-label use of medicinal products is not an appropriate comparative therapy' or ‚an off-label use of medicinal products cannot, in principle, be an appropriate comparative therapy', according to the BSG (1). At the same time, this led to the sobering consequence: ‚If an appropriate comparative therapy cannot be determined, a decision on a benefit assessment is not to be made. What does this mean? First of all, it should be noted that in determining an appropriate comparative therapy, it was actually already the case that a medicinal product in question must ‚in principle have a marketing authorisation for the indication' and be ‚appropriate'. This problem has been circumvented by the G-BA for years by using a so-called therapy according to medical prescription as a collective term in cases where an off-label use was to be determined as a comparative therapy (2).

What was meant was the off-label use, which was not allowed to be named. However, the off-label therapies as comparators of the approval studies were taken into account by the G-BA and listed as such in the supporting reasons. This was justified, among other things, by the fact that there was a discrepancy between the drugs approved in the indication and those used in care or recommended in guidelines. For example, only shortly before the BSG judgement in the case of the benefit assessment in the indication for the treatment of breast carcinoma, where trastuzumab in combination with capecitabine was included in the assessment as a suitable comparator (3). As a rule, however, the G-BA did not explicitly name the use beyond the scope of the marketing authorisation as an appropriate comparator therapy. A statement on the annual therapy costs in the decision was also not made for these therapies precisely for the reasons of the lack of approval.

However, after the BSG ruling, this practice was initially completely shaken up. For now it was clear: no off-label use as an appropriate comparative therapy and no AMNOG benefit assessment for therapeutic soloists. This was followed by many discussions about the future of the AMNOG, but above all by a clear reaction of the G-BA with the rigorous deletion of off-label therapies as acceptable comparative therapies in ongoing assessments and consultations (4).

This was problematic, because off-label therapies are in fact predominantly used in the oncological field as comparators of clinical approval studies, as they now and then correspond to the therapeutic standard of care, among others also in Germany (see example above).

Thus, some registration studies would not be usable in the AMNOG. With the possible consequence that an additional benefit cannot be adequately depicted and the medicinal product would not be available in Germany.

A way out of this situation may now result from the current changes in the ALBVVG (Arzneimittel-Lieferengpassbekämpfungsund Versorgungsverbesserungsgesetz). This states (in brief) that the G-BA has to take into account ‚the actual supply situation as it would be without the medicinal product to be assessed'. Off-label use can be determined as an appropriate comparative therapy ‚by way of exception' if ‚according to the generally recognised state of medical knowledge in the therapeutic area to be assessed, this is considered to be the standard of care or part of the standard of care in the health care situation' and an authorised medicinal product is available for the first time with the medicinal product to be assessed, off-label use is generally preferable to the previously authorised medicinal products or is generally preferable to the medicinal products previously authorised in the therapeutic area for relevant patient groups or indication areas (5).

It remains to be seen exactly how this will affect the AMNOG procedures. However, the law is likely to lead to a change in the G-BA's decision-making practice. Because it is at least certain that off-label use may be named as an appropriate comparative therapy in narrowly defined cases. This means that the G-BA will no longer need the so-called ‚therapy according to medical prescription' as a cover. It is to be hoped, however, that this will mean that health care-relevant approval studies with a use of medicinal products in the comparator arm that exceeds the approval will be taken into account in the AMNOG benefit assessment. This would be advantageous for all parties involved, especially for patients.

Finally, it should be noted that the publication (2) on the topic of determining and changing the appropriate comparative therapy, which appeared a year ago in the ‚Monitor Versorgungsforschung', may soon be outdated, at least with regard to the inclusion of off-label therapies. The AMNOG remains a learning system for everyone. <<

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