HTA DECISIONS IN FRANCE AND GERMANY: LESSONS FROM MELANOMA

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INTRODUCTION

- Payers adopt different approaches to assess the value that new treatments bring to patients. However, similarities in pricing and reimbursement decision criteria across different markets exist and allow clustering of countries into different payer archetypes. Understanding similarities among countries within the same archetype allows companies to design market access strategies to navigate the complexity of payer decision making in a more efficient manner. In the EU5, three payer archetypes can be identified: cost-effectiveness, comparative clinical effectiveness and budget optimisation. In particular, France and Germany could be considered similar payer archetypes – i.e. assessing product value and benefit by comparing clinical evidence between similar products.[1]
- In Germany, the Federal Joint Committee (Gemeinsamer Bundesausschuss; G-BA) adopts a six-point scale to assess level of added benefit (considerable through to reduced benefit)[2] whereas France's High Authority of Health (Haute Autorité de Santé; HAS) utilises a five-point scale ranging from major improvement of medical benefit (amélioration du service médical rendu; ASMR I) to no improvement (ASMR V) in medical benefit.[3]

OBJECTIVE

- To understand whether similar pricing and reimbursement decision criteria translate into analogous health technology assessment (HTA) outcomes. In particular, the research focuses on melanoma products with the aim to determine whether HTA decisions conducted in France and Germany for therapies in this indication resulted in comparable outcomes.

METHODS

- We conducted a retrospective analysis of benefit assessment decisions of therapies for melanoma. We retrieved dossiers published by the G-BA between March 2014 and March 2019. Results were analysed to identify G-BA's level of benefit assessment assigned in each decision and the rationale behind it. Furthermore, for products and indications that obtained a 'considerable' added benefit rating in Germany, we extracted decisions published by HAS to compare HTA outcomes and determine whether the same treatments were considered to also bring a considerable added benefit in France.

RESULTS

- In Germany, we extracted a total of 18 dossiers which resulted in a total of 25 decisions, as some resolutions reported the level of added benefit assigned by the G-BA to different patient sub-populations. The additional benefit was rated 'considerable' in 8 cases (32%), minor in 1 (4%) and a hint of unquantifiable in 1 (4%). In most cases, however, the G-BA assigned 'no additional benefit proven' (15; 60%) (Figure 1).[2] All decisions that reported a 'considerable' added benefit were for treatments targeting melanoma with BRAF V600 mutation (Table 1).
- Of the 8 cases that received 'considerable' additional benefit by the G-BA, France's HAS assigned an ASMR III (moderate improvement of medical benefit) in 6 cases and an ASMR IV (minor improvement of medical benefit) in 2 cases. (Table 2).[3] None of HAS' decisions reviewed reported an ASMR I (major improvement of medical benefit) or an ASMR II (important improvement of medical benefit).

Figure 1. G-BA decisions on melanoma drugs, March 2014 to March 2019[2]

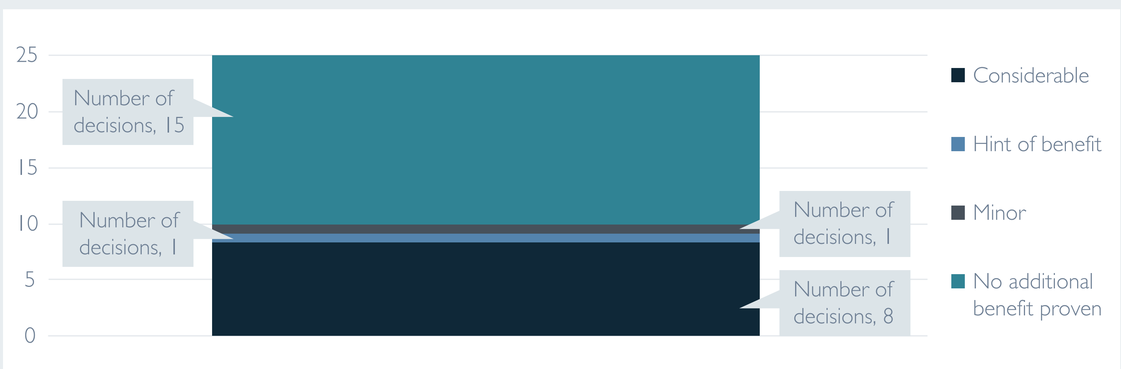

Table 1. Melanoma treatments that received a 'considerable additional benefit' rating by the G-BA[2]

Brand name	Active ingredient	Summary of the indication	Decision date
Mekinist	trametinib	In combination with dabrafenib (Tafinlar) as adjuvant treatment of adults with stage III melanoma carrying a BRAF V600 mutation after complete resection	22 March 2019
Tafinlar	dabrafenib	In combination with trametinib (Mekinist) as adjuvant treatment of adults with stage III melanoma carrying a BRAF V600 mutation after complete resection	22 March 2019
Cotellic	cobimetinib	In combination with vemurafenib (Zelboraf) for the treatment of adults with unresectable or metastatic melanoma with a BRAF V600 mutation	02 June 2016
Tafinlar	dabrafenib	In combination with trametinib (Mekinist) for the treatment of adults with unresectable or metastatic melanoma with a BRAF V600 mutation	17 March 2016
Mekinist	trametinib	In combination with dabrafenib (Tafinlar) for the treatment of adults with unresectable or metastatic melanoma with a BRAF V600 mutation	17 March 2016
Keytruda	pembrolizumab	As a monotherapy for the treatment of advanced (unresectable or metastatic) melanoma in adults – sub-population: non-treated patients with a BRAF V600 wild-type tumour	04 February 2016
Keytruda	pembrolizumab	As a monotherapy for the treatment of advanced (unresectable or metastatic) melanoma in adults – sub-population: pre-treated patients with a BRAF V600 wild-type tumour	04 February 2016
Zelboraf	vemurafenib	As monotherapy for the treatment of adults with unresectable or metastatic melanoma with a BRAF V600 mutation	06 March 2014

Table 2. ASMR level assigned by HAS for indications that received a 'considerable additional benefit' rating by the G-BA[3]

Brand name	Active ingredient	Summary of the indication	ASMR level	Decision date
Mekinist	trametinib	In combination with dabrafenib (Tafinlar) as adjuvant treatment of adults with stage III melanoma carrying a BRAF V600 mutation after complete resection	III	06 February 2019
Tafinlar	dabrafenib	In combination with trametinib (Mekinist) as adjuvant treatment of adults with stage III melanoma carrying a BRAF V600 mutation after complete resection	III	06 February 2019
Cotellic	cobimetinib	In combination with vemurafenib for the treatment of adults with unresectable or metastatic melanoma with a BRAF V600 mutation	III	16 March 2016
Tafinlar	dabrafenib	In combination with trametinib (Mekinist) for the treatment of adults with unresectable or metastatic melanoma with a BRAF V600 mutation	III	30 November 2016
Mekinist	trametinib	In combination with dabrafenib (Tafinlar) for the treatment of adults with unresectable or metastatic melanoma with a BRAF V600 mutation	III	20 January 2016
Keytruda	pembrolizumab	As a monotherapy for the treatment of advanced (unresectable or metastatic) melanoma in adults*	IV	16 March 2016
Zelboraf	vemurafenib	As monotherapy for the treatment of adults with unresectable or metastatic melanoma with a BRAF V600 mutation	III	03 October 2012

CONCLUSIONS

- By comparing decisions published by the G-BA and HAS on the same treatments and the same indications, it emerged that some noteworthy differences in benefit assessment outcomes exist despite the fact that France and Germany belong to the same payer archetype and use similar criteria for HTA evaluation. In particular, of the 8 indications that obtained a 'considerable' added benefit in Germany, which is the highest rating the G-BA can assign, none of these products received either an ASMR I or an ASMR II – the highest ratings assigned by France's HAS. HAS granted an ASMR III in the majority of cases (6 in total). Furthermore, Keytruda obtained an ASMR IV in France whereas the G-BA granted a 'considerable' added benefit rating to the treatment in two different patient sub-populations.

REFERENCES

1. Valid Insight. 2017. Available at: https://www.validinsight.com/understanding-payer-archetypes/ [Accessed on 26 October 2019].
2. G-BA. Available at: https://www.g-ba.de/ [Accessed on 26 October 2019].
3. HAS. Available at: https://www.has-sante.fr/ [Accessed on 26 October 2019].

*In France, the same decision applies to the sub-populations non-treated patients with a BRAF V600 wild-type tumour and pre-treated patients with a BRAF V600 wild-type tumour which were assessed separately by the G-BA.

Acronyms: ASMR=Improvement of Medical Benefit (amélioration du service médical rendu); G-BA=Germany's Federal Joint Committee (Gemeinsamer Bundesausschuss); HAS=France's High Authority of Health (Haute Autorité de Santé); HTA=health technology assessment.