Gemeinsamer Bundesausschuss

Justification

of the Resolution of the Federal Joint Committee (G-BA) on an Amendment of the Pharmaceuticals Directive: Annex XII – Benefit Assessment of Medicinal Products with New Active Ingredients according to Section 35a (SGB V) Dalbavancin (repeal of exemption: acute bacterial skin and skin structure infections (ABSSSI), ≥ 3 months)

of 1 February 2024

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.

Pursuant to Section 35a, paragraph 1c, sentence 1 SGB V, the Federal Joint Committee shall exempt the pharmaceutical company from the obligation to submit the evidence pursuant to Section 35a, paragraph 1, sentence 3, numbers 2 and 3 SGB V (medical benefit and additional medical benefit in relation to the appropriate comparator therapy) upon request, if it is an antibiotic that is effective against infections caused by multi-resistant bacterial pathogens with limited treatment options and the use of this antibiotic is subject to a strict indication (reserve antibiotic).

The additional benefit is deemed to be proven if the Federal Joint Committee has decided on an exemption for a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V; the extent of the additional benefit and its therapeutic significance are not to be assessed by the Federal Joint Committee.

By resolution pursuant to Section 35a, paragraph 3, sentence 1 SGB V, the Federal Joint Committee shall specify the requirements for a quality-assured application of the reserve antibiotic pursuant to Section 35a, paragraph 1c, sentence 8 SGB V, taking into account the effects on the resistance situation. Pursuant to Chapter 5, Section 20, paragraph 6, sentence 3 of the Rules of Procedure (VerfO), the Federal Joint Committee may lay down restrictive requirements for the use of the antibiotic in order to ensure a strict indication, if this is necessary to maintain the reserve status of the medicinal product. With regard to these requirements for a quality-assured application of the reserve antibiotic, it shall obtain a statement from the Robert Koch Institute, which shall be prepared in agreement with the Federal Institute for Drugs and Medical Devices.

Pursuant to Section 35a, paragraph 3 SGB V, the G-BA decides on the benefit assessment, taking into account the requirements for a quality-assured application according to Section 35a, paragraph 1c, sentence 8 SGB V, 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 active ingredient dalbavancin was listed for the first time on 1 November 2016 in the "LAUER-TAXE®", the extensive German registry of available drugs and their prices.

Before placing the product on the market, the pharmaceutical company submitted an application pursuant to Section 35a for exemption from the benefit assessment pursuant to Section 35a, paragraph 1a SGB V due to turnover. By resolution of 5 November 2015, the pharmaceutical company was exempted from the obligation to submit evidence in accordance with Section 35a, paragraph 1 SGB V and the proprietary medicinal product Xydalba with the new active ingredient dalbavancin was exempted from the benefit assessment in accordance with Section 35a, paragraph 3 SGB V.

On 5 December 2022, dalbavancin received marketing authorisation for a new therapeutic indication to be classified as a major type 2 variation as defined according to Annex 2, number 2, letter a to Regulation (EC) No. 1234/2008 of the Commission of 24 November 2008 concerning the examination of variations to the terms of marketing authorisations for medicinal products for human use and veterinary medicinal products (OJ L 334, 12.12.2008, p. 7).

Upon extension of the therapeutic indication, the pharmaceutical company was informed by the G-BA by letter of 20 October 2022 that the G-BA would take this fact as an opportunity to review the continued exemption of the medicinal product on the basis of Chapter 5 Section 15 VerfO. In a letter dated 24 November 2022, the pharmaceutical company submitted a complete application for exemption pursuant to Chapter 5 Section 15, paragraph 1, sentences 2 to 4 VerfO for the entire proprietary medicinal product Xydalba for all therapeutic indications, including the new therapeutic indication. The application for exemption from the benefit assessment due to turnover pursuant to Section 35a, paragraph 1a SGB V for the medicinal product Xydalba was rejected, taking into account the documents submitted, and the decision on the exemption of the medicinal product Xydalba from the benefit assessment due to turnover pursuant to Section 35a, paragraph 1a SGB V of 5 November 2015 was repealed by resolution of 5 January 2023. At the same time, the pharmaceutical company was requested in accordance with Chapter 5 Section 15, paragraph 4 analogously in conjunction with Section 8, paragraph 1, number 6 VerfO to submit evidence in accordance with Chapter 5 Section 5, paragraphs 1 to 6 VerfO and to therewith prove the additional benefit compared to the appropriate comparator therapy, unless it submits and justifies an application in accordance with Section 35a, paragraph 1c SGB V in accordance with the requirements of Chapter 5 Section 15a, paragraph 2 VerfO by 9 February 2023 at the latest.

By letter dated 9 February 2023, the pharmaceutical company submitted an application for exemption from the obligation to submit evidence in accordance with Section 35a, paragraph 1, sentence 3, numbers 2 and 3 SGB V due to reserve status in accordance with Section 35a, paragraph 1c SGB V.

By resolution of 20 April 2023, the Federal Joint Committee decided that the pharmaceutical company is exempted from the obligation to submit evidence in the benefit assessment procedure for the medicinal product Xydalba with the active ingredient dalbavancin according to Section 35a, paragraph 1, sentence 3, numbers 2 and 3 SGB V, since the medicinal product Xydalba with the active ingredient dalbavancin for the treatment of bacterial infections is a reserve antibiotic within the meaning of Section 35a, paragraph 1c, sentence 1 SGB V.

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, paragraph 1, number 1 VerfO on 1 August 2023. In this, the pharmaceutical company submitted evidence pursuant to Section 35a, paragraph 1, sentence 3, numbers 1, 4 and 5 SGB V and evidence on the requirements for a quality-assured application of the reserve antibiotic, taking into account the effects on the resistance situation (Chapter 5 VerfO Annex II. 1 Section 1.4). The assessment procedure started on 1 August 2023.

The additional benefit is deemed to be proven if the Federal Joint Committee has decided on an exemption for a reserve antibiotic in accordance with Section 35a paragraph 1c sentence 1 SGB V; the extent of the additional benefit and its therapeutic significance are not to be assessed by the Federal Joint Committee. By resolution pursuant to Section 35a, paragraph 3, sentence 1 SGB V, the Federal Joint Committee shall specify requirements for a quality-assured application of the reserve antibiotic, taking into account the effects on the resistance situation.

A draft of the requirements for a quality-assured application of the reserve antibiotic was made available to the Robert Koch Institute (RKI) for drafting a statement in agreement with the Federal Institute for Drugs and Medical Devices (BfArM) in accordance with Section 35a, paragraph 1c SGB V.

The G-BA commissioned the IQWiG to assess the information provided by the pharmaceutical company in Module 3 of the dossier on treatment costs and patient numbers.

The draft of the requirements for a quality-assured application as well as the RKI statement drafted in agreement with the BfArM were published on the G-BA's website (www.g-ba.de) together with IQWiG's assessment of treatment costs and patient numbers, thus initiating the written statement procedure. In addition, an oral hearing was held.

The G-BA has adopted its resolution on the basis of the dossier of the pharmaceutical company, the draft of the requirements for a quality-assured application prepared by the G-BA taking into account the joint statement of RKI/BfArM, the IQWiG's assessment of treatment costs and patient numbers (IQWiG G23-19 as well as Addendum G23-31) and the statements submitted in the written statement and oral hearing procedure.

2.1 Additional benefit of the medicinal product

2.1.1 Approved therapeutic indication of Dalbavancin (Xydalba) in accordance with the product information

Xydalba is indicated for the treatment of acute bacterial skin and skin structure infections (ABSSSI) in adults and paediatric patients aged 3 months and older.

Consideration should be given to official guidance on the appropriate use of antibacterial agents.

Therapeutic indication of the resolution (resolution of 1 February 2024):

see the approved therapeutic indication

2.1.2 Extent of the additional benefit and significance of the evidence

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

Adults and children aged 3 months and older with acute bacterial skin and skin structure infections (ABSSSI)

The additional benefit is considered proven.

Justification:

For the medicinal product Xydalba with the active ingredient dalbavancin, an exemption from the obligation to submit the evidence according to Section 35a, paragraph 1, sentence 3, numbers 2 and 3 SGB V was granted by resolution of 20 April 2023, as it is a reserve antibiotic within the meaning of Section 35a, paragraph 1c, sentence 1 SGB V.

The additional benefit is deemed to be proven if the Federal Joint Committee has decided on an exemption for a reserve antibiotic in accordance with Section 35a paragraph 1c sentence 1 SGB V; the extent of the additional benefit and its therapeutic significance are not to be assessed by the Federal Joint Committee.

2.1.3 Summary of the assessment

Dalbavancin is approved for the treatment of adults, adolescents and children aged 3 months and older with acute bacterial skin and skin structure infections (ABSSSI).

The additional benefit of dalbavancin is assessed for each of the patient groups as follows:

The additional benefit is considered proven.

For the medicinal product Xydalba with the active ingredient dalbavancin, an exemption from the obligation to submit the evidence according to Section 35a, paragraph 1, sentence 3, numbers 2 and 3 SGB V was granted by resolution of 20 April 2023, as it is a reserve antibiotic within the meaning of Section 35a, paragraph 1c, sentence 1 SGB V.

The additional benefit is deemed to be proven if the Federal Joint Committee has decided on an exemption for a reserve antibiotic in accordance with Section 35a paragraph 1c sentence 1 SGB V; the extent of the additional benefit and its therapeutic significance are not to be assessed by the Federal Joint Committee.

By resolution pursuant to Section 35a, paragraph 3, sentence 1 SGB V, the Federal Joint Committee specified the requirements for a quality-assured application of the reserve antibiotic pursuant to Section 35a, paragraph 1c, sentence 8 SGB V, taking into account the effects on the resistance situation.

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 patient numbers of the pharmaceutical company submitted in the written statement procedure. The calculation of patient numbers was based on the assumption that the target population mainly comprises pathogens with limited treatment options - operationalised via the presence of methicillin-resistant Staphylococcus aureus (MRSA). Due to the restriction to this pathogen in the derivation of the patient numbers, the stated patient numbers tend to be underestimated in relation to the overall therapeutic indication of dalbavancin. The patient numbers also only take into account diagnoses from the inpatient sector, meaning that possible purely outpatient treatments are not taken into account. Further uncertainties arise from the lack of clarity about the extent to which cases that do not represent ABSSSI were collected, as well as the possible collection of cases in which only colonisation with MRSA is present. Against this background, the upper limit, which takes into account patients aged 3 months and older, tends to be overestimated, taking into account the uncertainties mentioned above.

Also against the background, a lower number of patients in the SHI target population may also result against the background of the restrictive use of dalbavancin within the framework of a quality-assured application as a reserve antibiotic. To reflect this, the pharmaceutical company calculates a lower limit, which only takes into account patients aged 3 months and under 8 years and which is also subject to the uncertainties described above.

2.3 Requirements for a quality-assured application

By resolution pursuant to Section 35a, paragraph 3, sentence 1 SGB V, the Federal Joint Committee shall specify requirements for a quality-assured application of the reserve antibiotic, taking into account the effects on the resistance situation. The requirements for a quality-assured application are based on the draft prepared by the Federal Joint Committee and the statement of the Robert Koch Institute, which was prepared in agreement with the BfArM. The statements made in the written statement and oral hearing procedure were taken into account.

About the notes on application:

Reference is made to the specifications of the marketing authorisation.

The requirement that dalbavancin may only be used if only limited treatment options are available is determined in the present resolution within the framework of the requirements for a quality-assured application in order to ensure the strict indication for all therapeutic indications pursuant to Section 35a, paragraph 1c SGB V.

Dalbavancin is approved for the treatment of acute bacterial skin and skin structure infections (ABSSSI) in adults and paediatric patients aged 3 months and older. Dalbavancin may only be used if there is evidence or, in exceptional cases, strong suspicion that the infection is caused by methicillin-resistant Staphylococcus aureus (MRSA) and only limited treatment options are available.

The editorial change at this point– compared to the version submitted for making a statement - in the form of the syntactic separation of the approved therapeutic indication ABSSSI and the agreed requirements for a quality-assured application is used to clarify the respective statements and emphasises the requirements for a quality-assured application when using the medicinal product.

The qualified consultation occurs according to the subject expertise with a specialist with an additional qualification in infectiology, a specialist in internal medicine and infectiology, or a specialist in microbiology, virology and epidemiology of infectious diseases. In case of unavailability of the above-mentioned groups of specialists at the time of use, a specialist with appropriate experience in the treatment of infectious diseases with multi-drug resistant pathogens must be consulted.

About the notes on pathogen detection:

In principle, dalbavancin should not be used as part of a calculated (empirical) therapy. The strict indication as a reserve antibiotic requires knowledge of the pathogen. Even in the exceptional cases mentioned, infection with a multi-drug resistant pathogen from the pathogen list of the RKI is at least probable. If the pathogen detection reveals that the pathogen is sensitive to other antibiotics (without reserve status), the therapy must be de-escalated accordingly to avoid unnecessary use of the reserve antibiotic. Empirical therapy with dalbavancin should be as short as possible.

About the instructions for implementation:

Outpatient implementation:

For the appropriate handling of MRSA infections and the corresponding requirements in practice, please refer to the current recommendations of the RKI.

The use of a uniform system is necessary for the future assessment of the resistance situation. The RKI's ARS system aggregates data on antibiotic resistance throughout Germany and also forms the basis for Germany's participation in international surveillance systems.[1] For this reason, the laboratory supplying the practice should endeavour to participate in this system.

Within 12 months of the resolution being passed, the G-BA will review the reports on resistance data from the outpatient sector to determine whether and to what extent the reporting of resistance data in the outpatient sector is being implemented. If necessary, further specifications are then made.

Inpatient implementation:

In order to implement the requirements for a quality-assured application, it is necessary that they are taken into account in the hospital's internal regulations/ processes.

The respective Drug Commission is responsible for integration into the processes. Evidence-based antibiotic stewardship teams (see S3 guideline: strategies to ensure rational antibiotic use in hospitals, update 2018) are particularly suitable for implementation.

Pursuant to Section 23 paragraph 4 Infection Protection Act, the treatment facility is obliged to carry out consumption and resistance surveillance, whereby there is no specification of the systems to be used. The use of a uniform system is necessary for the future assessment of the resistance and consumption situation. The RKI's ARS, AVS and ARVIA systems aggregate Germany-wide data on antibiotic resistance and consumption. ARS also forms the basis for Germany's participation in international surveillance systems.[2] For this reason, the clinics in which dalbavancin is used should endeavour to participate in these systems.

The reporting of consumption and resistance data on dalbavancin to the above-mentioned systems should be ensured within six months of the entry into force of this resolution. Until participation in the mentioned systems, consumption and resistance situation must be ensured via the existing systems.

2.4 Treatment costs

The treatment costs are based on the requirements in the product information and the information listed in the LAUER-TAXE® (last revised: 15 January 2024).

The (daily) doses recommended in the product information were used as the calculation basis. The use of dalbavancin is limited to two to four applications.

For the calculation of dosages depending on body weight, the average body measurements from the official representative statistics “Microcensus 2017 – body measurements of the population” were applied (average body weight of under 1-year-olds: 7.6 kg).[2]

[1] Information at https://ars.rki.de/.

[2] Federal Statistical Office, Wiesbaden 2018: http://www.gbe-bund.de/

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 period:

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Medicinal product to be assessed				
Dalbavancin	Single dose or 2 x at an interval of 7 days	1	1 - 2	1 - 2

Consumption:

Designation of the therapy	Dosage/ application	Dose/ patient/ treatment days	Consumption by potency/ treatment day	Treatment days/ patient/ year	Average annual consumption by potency
Medicinal product to be assessed					
Dalbavancin					
under 1-year-olds	22.5 mg/kg = 171 mg	173.3 mg	1 x 500 mg	1.0	1 x 500 mg
Adults	1,500 mg or 1,000 mg/ 500 mg	1,500 mg or 1,000 mg/ 500 mg	3 x 500 mg	1.0 2.0	3 x 500 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 Section 130 and Section 130a 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. Any fixed reimbursement rates shown in the cost representation may not represent the cheapest available alternative.

Costs of the medicinal products:

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					
Dalbavancin 500 mg	1 PIC	€ 1072.07	€ 2.00	€ 58.73	€ 1,011.34
Abbreviations: PIC = powder for the preparation of an infusion solution concentrate					

LAUER-TAXE® last revised: 15 January 2024

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, the costs 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.

No additionally required SHI services are taken into account for the cost representation.

Other SHI services:

The special agreement on contractual unit costs of retail pharmacist services (Hilfstaxe) (Sections 4 and 5 of the Pharmaceutical Price Ordinance) from 01.10.2009 is not fully used to calculate costs. Alternatively, the pharmacy sales price publicly accessible in the directory services according to Section 131, paragraph 4 SGB V is a suitable basis for a standardised calculation.

According to the Hilfstaxe in its currently valid version, surcharges for the production of infusion solutions containing antibiotics and virustatics amount to a maximum of € 39 per ready-to-apply unit. These additional other costs are not added to the pharmacy sales price but rather follow the rules for calculating in the Hilfstaxe. The cost representation is based on the pharmacy retail price and the maximum surcharge for the preparation and is only an approximation of the treatment costs. This presentation does not take into account, for example, the rebates on the pharmacy purchase price of the active ingredient, the invoicing of discards, the calculation of application containers, and carrier solutions in accordance with the regulations in Annex 3 of the special agreement on contractual unit costs of retail pharmacist services (Hilfstaxe).

2.5 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

According to Section 35a, paragraph 3, sentence 4, the G-BA designates all medicinal products with new active ingredients that can be used in a combination therapy with the assessed medicinal product for the therapeutic indication to be assessed on the basis of the marketing authorisation under Medicinal Products Act.

Basic principles of the assessed medicinal product

A designation in accordance with Section 35a, paragraph 3, sentence 4 SGB V requires that it is examined based on the product information for the assessed medicinal product whether it can be used in a combination therapy with other medicinal products in the assessed therapeutic indication. In the first step, the examination is carried out on the basis of all sections of the currently valid product information for the assessed medicinal product.

If the assessed medicinal product contains an active ingredient or a fixed combination of active ingredients in the therapeutic indication of the resolution (assessed therapeutic indication) and is approved exclusively for use in monotherapy, a combination therapy is not considered due to the marketing authorisation under Medicinal Products Act, which is why no designation is made.

A designation is also not considered if the G-BA has decided on an exemption as a reserve antibiotic for the assessed medicinal product in accordance with Section 35a, paragraph 1c, sentence 1 SGB V. The additional benefit is deemed to be proven if the G-BA has decided on an exemption for a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V; the extent of the additional benefit and its therapeutic significance are not to be assessed by the G-BA. Due to the lack of an assessment mandate by the G-BA following the resolution on an exemption according to Section 35a, paragraph 1c, sentence 1 SGB V with regard to the extent of the additional benefit and the therapeutic significance of the reserve antibiotic to be assessed, there is a limitation due to the procedural privileging of the pharmaceutical companies to the effect that neither the proof of an existing nor an expected at least considerable additional benefit is possible for exempted reserve antibiotics in the procedures according to Section 35a paragraph 1 or 6 SGB V and Section 35a paragraph 1d SGB V. The procedural privileging of the reserve antibiotics exempted according to Section 35a, paragraph 1c, sentence 1 SGB V must therefore also be taken into account at the level of designation according to Section 35a, paragraph 3, sentence 4 SGB V in order to avoid valuation contradictions.

With regard to the further examination steps, a differentiation is made between a "determined" or "undetermined" combination, which may also be the basis for a designation.

A "determined combination" exists if one or more individual active ingredients which can be used in combination with the assessed medicinal product in the assessed therapeutic indication are specifically named.

An "undetermined combination" exists if there is information on a combination therapy, but no specific active ingredients are named. An undetermined combination may be present if the information on a combination therapy:

- names a product class or group from which some active ingredients not specified in detail can be used in combination therapy with the assessed medicinal product, or

- does not name any active ingredients, product classes or groups, but the assessed medicinal product is used in addition to a therapeutic indication described in more detail in the relevant product information, which, however, does not include information on active ingredients within the scope of this therapeutic indication.

Concomitant active ingredient:

The concomitant active ingredient is a medicinal product with new active ingredients that can be used in combination therapy with the assessed medicinal product for the therapeutic indication to be assessed.

For a medicinal product to be considered as a concomitant active ingredient, it must be classified as a medicinal product with new active ingredients according to Section 2 paragraph 1 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV) in conjunction with the corresponding regulations in Chapter 5 of the Rules of Procedure of the G-BA as of the date of the present resolution. In addition, the medicinal product must be approved in the assessed therapeutic indication, whereby a marketing authorisation is sufficient only for a sub-area of the assessed therapeutic indication.

Based on an "undetermined combination", the concomitant active ingredient must be attributable to the information on the product class or group or the therapeutic indication according to the product information of the assessed medicinal product in the assessed therapeutic indication, whereby the definition of a product class or group is based on the corresponding information in the product information of the assessed medicinal product.

In addition, there must be no reasons for exclusion of the concomitant active ingredient from a combination therapy with the assessed medicinal product, in particular no exclusive marketing authorisation as monotherapy.

In addition, all sections of the currently valid product information of the eligible concomitant active ingredient are checked to see whether there is any information that excludes its use in combination therapy with the assessed medicinal product in the assessed therapeutic indication under marketing authorisation regulations. Corresponding information can be, for example, dosage information or warnings. In the event that the medicinal product is used as part of a determined or undetermined combination which does not include the assessed medicinal product, a combination with the assessed medicinal product shall be excluded.

Furthermore, the product information of the assessed medicinal product must not contain any specific information that excludes its use in combination therapy with the eligible concomitant active ingredient in the assessed therapeutic indication under marketing authorisation regulations.

Medicinal products with new active ingredients for which the G-BA has decided on an exemption as a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V are ineligible as concomitant active ingredients. The procedural privileging of the reserve antibiotics exempted according to Section 35a, paragraph 1c, sentence 1 SGB V also applies accordingly to the medicinal product eligible as a concomitant active ingredient.

Designation

The medicinal products which have been determined as concomitant active ingredients in accordance with the above points of examination are named by indicating the relevant active ingredient and the invented name. The designation may include several active ingredients, provided that several medicinal products with new active ingredients may be used in the same combination therapy with the assessed medicinal product or different combinations with different medicinal products with new active ingredients form the basis of the designation.

If the present resolution on the assessed medicinal product in the assessed therapeutic indication contains several patient groups, the designation of concomitant active ingredients shall be made separately for each of the patient groups.

Exception to the designation

The designation excludes combination therapies for which - patient group-related - a considerable or major additional benefit has been determined by resolution according to Section 35a, paragraph 3, sentence 1 SGB V or it has been determined according to Section 35a, paragraph 1d, sentence 1 SGB V that at least considerable additional benefit of the combination can be expected. In this context, the combination therapy that is excluded from the designation must, as a rule, be identical to the combination therapy on which the preceding findings were based.

In the case of designations based on undetermined combinations, only those concomitant active ingredients - based on a resolution according to Section 35a, paragraph 3, sentence 1 SGB V on the assessed medicinal product in which a considerable or major additional benefit had been determined - which were approved at the time of this resolution are excluded from the designation.

Legal effects of the designation

The designation of combinations is carried out in accordance with the legal requirements according to Section 35a, paragraph 3, sentence 4 and is used exclusively to implement the combination discount according to Section 130e SGB V between health insurance funds and pharmaceutical companies. The designation is not associated with a statement as to the extent to which a therapy with the assessed medicinal products in combination with the designated medicinal products corresponds to the generally recognised state of medical knowledge. The examination was carried out exclusively on the basis of the possibility under Medicinal Products Act to use the medicinal products in combination therapy in the assessed therapeutic indication based on the product information; the generally recognised state of medical knowledge or the use of the medicinal products in the reality of care were not the subject of the examination due to the lack of an assessment mandate of the G-BA within the framework of Section 35a, paragraph 3, sentence 4 SGB V.

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.

Justification for the findings on designation in the present resolution:

Adults and children aged 3 months and older with acute bacterial skin and skin structure infections (ABSSSI)

No designation of medicinal products with new active ingredients that can be used in combination therapy in accordance with Section 35a, paragraph 3, sentence 4 SGB V, as the G-BA has decided to exempt the assessed medicinal product as a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V.

3. Bureaucratic costs calculation

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 1 August 2023, the pharmaceutical company submitted a dossier for the benefit assessment of dalbavancin to the G-BA in due time.

The draft of the G-BA's requirements for a quality-assured application was published on the G-BA's website (www.g-ba.de) on 1 November 2023 together with the IQWiG's assessment of treatment costs and patient numbers, thus initiating the written statement procedure. The deadline for submitting statements was 22 November 2023.

The oral hearing was held on 11 December 2023.

An amendment to the benefit assessment with a supplementary assessment was submitted on 5 January 2024.

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 was discussed at the session of the subcommittee on 23 January 2024, and the proposed resolution was approved.

At its session on 1 February 2024, the plenum adopted a resolution to amend the Pharmaceuticals Directive.

Chronological course of consultation

Session	Date	Subject of consultation
Working group Section 35a	5 September 2023	Consultation on the draft requirements for a quality-assured application
Subcommittee Medicinal products	12 September 2023	Draft requirements for a quality-assured application; notification of the RKI and the BfArM
Subcommittee Medicinal products	24 October 2023	Draft requirements for a quality-assured application under consideration of the statement of the Robert Koch Institute
Working group Section 35a	5 December 2023	Information on written statements received, preparation of the oral hearing
Subcommittee Medicinal products	11 December 2023	Conduct of the oral hearing
Working group Section 35a	19 December 2023 16 January 2024	Consultation on the draft requirements for a quality-assured application of 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	23 January 2024	Concluding discussion of the draft resolution
Plenum	1 February 2024	Adoption of the resolution on the amendment of the Pharmaceuticals Directive

There is no need for a new written statement procedure, as the amendment takes account of objections raised by those entitled to make a statement (cf. Chapter 1 Section 14 paragraph 1 sentence 2 VerfO).

Berlin, 1 February 2024

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

Prof. Hecken