Gemeinsamer Bundesausschuss

Justification

on the Resolution of the Federal Joint Committee (G-BA) on the Suspension of a Consultation Procedure under Section 35a paragraph 3b SGB V
Odronextamab (relapsed or refractory follicular lymphoma, at least 2 prior therapies); requirement of routine practice data collection and evaluations

of 6 March 2025

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Courtesy translation – only the German version is legally binding.

1. Legal basis

According to Section 35a, paragraph 3b, sentence 1 SGB V, the Federal Joint Committee (G-BA) can demand the pharmaceutical company to submit routine practice data collections and evaluations for the purpose of the benefit assessment within a reasonable period of time for the following medicinal products:

1. in the case of medicinal products authorised to be placed on the market in accordance with the procedure laid down in Article 14, paragraph 8 of Regulation (EC) No. 726/2004 of the European Parliament and of the Council of 31 March 2004 laying down Community procedures for the authorisation and supervision of medicinal products for human and veterinary use and establishing a European Medicines Agency (OJ L 136, 30.4.2004, p. 1), as last amended by Regulation 162 Rules of Procedure last revised: 16 December 2020 (EU) 2019/5 (OJ L 4, 7.1.2019, p. 24), or for which a marketing authorisation has been granted in accordance with Article 14-a of Regulation (EC) No. 726/2004; and
2. for medicinal products approved for the treatment of rare diseases under Regulation No. 141/2000.

2. Key points of the resolution

The active ingredient odronextamab received a conditional marketing authorisation from the European Commission (EC) on 22 August 2024 for placing on the market (Article 14-a of Regulation (EC) No. 726/2004, as last amended by Regulation (EU) 2019/5) as monotherapy for the treatment of adult patients with relapsed or refractory follicular lymphoma (r/r FL) after two or more lines of systemic therapy. The initial listing in the directory services in accordance with Section 131, para. 4 SGB V was still pending at the time the resolution was passed.

On the basis of the ongoing or completed studies on odronextamab considered for the marketing authorisation, the G-BA identified gaps in the evidence, particularly for the following aspects relevant to the early benefit assessment, which justify the requirement of routine practice data collection and evaluations according to Section 35a, paragraph 3b, sentence 1 SGB V for the active ingredient odronextamab:

- Data to assess the long-term (additional) benefit and harm of treatment with odronextamab for the approved patient population (adults with relapsed or refractory follicular lymphoma after two or more lines of systemic therapy);
- comparator data of treatment with odronextamab versus existing therapeutic alternatives for the approved patient population mentioned above.

The single-arm ELM-2 (NCT03888105[1]) study was identified as part of the G-BA's study research. In addition, the Glo-BNHL (NCT05991388[2]) platform study, which only includes a very small sample size per treatment arm and only recruits up to an age of ≤ 25 years, was identified. Thus, the studies identified in the study research are unsuitable for closing the gaps in the evidence in the relevant aspects for the early benefit assessment. Following the conduct of the study research, the pharmaceutical company stated that further clinical studies were reported in public study registries. However, these studies did not show any improvement in the body of evidence for the assessment of the additional benefit of monotherapy with

[1] https://clinicaltrials.gov/study/NCT03888105
[2] https://clinicaltrials.gov/study/NCT05991388?cond=NCT05991388&rank=1

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odronextamab for the treatment of relapsed or refractory follicular lymphoma after two or more lines of systemic therapy, as adults with untreated follicular lymphoma were investigated (OLYMPIA-1, NCT06091254[3]; OLYMPIA-2, NCT06097364[4]) or odronextamab was investigated as part of a combination therapy (OLYMPIA-2, NCT06097364[5]; OLYMPIA-5, NCT06149286[6]).

On this data basis, it was to be assumed that no comparator data were available for treatment with odronextamab as monotherapy versus existing therapeutic alternatives for the approved patient population (adults with relapsed or refractory follicular lymphoma after two or more lines of systemic therapy) and that no improvement in the body of evidence could be expected for this patient population, taking into account the current study planning. Therefore, the G-BA considered it necessary to examine the extent to which the body of evidence for the assessment of the additional benefit of the present medicinal product can be improved by collecting data from healthcare by initiating a procedure for the requirement of a routine practice data collection.

By resolution of 1 February 2024, the G-BA initiates a procedure for the requirement of a routine practice data collection according to Section 35a, paragraph 3b, sentence 1 SGB V for the active ingredient odronextamab.

A concept was drawn up in preparation for the resolution on the requirement of routine data collection and evaluations. The concept contains in particular requirements for:

1. the type, duration and scope of data collection,
2. the research question (PICO framework: patient/population, intervention, comparison, outcomes) that is to be the subject of the data collection and evaluations, including the patient-relevant endpoints to be collected,
3. the data collection methods,
4. the evaluations by the pharmaceutical company according to Section 50, paragraph 2 of the VerfO.

The G-BA decides whether to prepare the concept itself or to commission the Institute for Quality and Efficiency in Health Care (IQWiG) to do so. In the present case, the G-BA commissioned IQWiG to prepare the concept. The expert bodies according to Section 35a, paragraph 3b, sentences 7 and 8 SGB V made a written submission in drawing up the concept. The submission took place in such a way that the expert bodies were given the opportunity in writing to comment on the requirements of routine practice data collection and evaluations in accordance with the concept that had been drawn up. In addition, expert consultation was held.

In preparing the concept, ongoing and planned data collections were taken into account, especially those resulting from conditions or other ancillary provisions imposed by the marketing authorisation or licensing authorities.

The ELM-1 study which also has a non-comparator design and is therefore unsuitable for eliminating the existing gaps in the evidence was identified as part of the concept development.

[3] https://clinicaltrials.gov/study/NCT06091254
[4] https://clinicaltrials.gov/study/NCT06097364
[5] https://clinicaltrials.gov/study/NCT06097364
[6] https://classic.clinicaltrials.gov/ct2/show/NCT06149286

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Based on the above-mentioned research question, the G-BA deliberated on the requirements for routine practice data collection and evaluations on the basis of IQWiG's concept and the participation of the expert bodies in the concept.

For an adequate confounder control during non-randomised comparisons, at least 100 patients who can be recruited in a routine practice data collection are generally required.

According to statements made by the operators of the German Lymphoma Alliance registry (GLA registry) and the RUBIN registry (Clinical Research Platform on Treatment, Quality of Life and Outcome of Patients with Haematologic Malignancies – RUBIN) in the expert consultation, only a few patients in the late lines of therapy of follicular lymphoma are currently recruited in the registries. For example, only 4.5% of the 300 to 400 patients recruited in the GLA registry would be eligible for the target population of the routine practice data collection. The registry operators stated in the expert consultation that it is assumed with the inclusion of both the GLA and the RUBIN registries that 80 – 90 patients from the target population can be recruited in total in three years. This number would not be sufficient for an adequate confounder adjustment.

The information in the G-BA resolutions on the benefit assessment according to Section 35a SGB V for the present target population theoretically results in a larger available patient number. The pharmaceutical company could contribute to a higher reporting rate for the target population in the registries by taking appropriate measures. However, taking into account the limitations presented by the clinical experts and the registry operators, it is assumed overall that an increase in the patient numbers in the two registries to a level required for the meaningful implementation of the routine practice data collection cannot be achieved with a proportionate effort. Thus, in the specific case at hand, the G-BA comes to the conclusion that a routine practice data collection cannot be carried out for the target population despite the existing gaps in the evidence.

In the overall assessment, the generation of routine practice data, which would improve the existing body of evidence sufficiently for the purpose of the benefit assessment, is considered infeasible in the present case.

Therefore, the G-BA suspends the consultation on the requirement of routine practice data collection and evaluations for the active ingredient odronextamab in the treatment of adults with relapsed or refractory follicular lymphoma after two or more lines of systemic therapy.

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

In order to prepare a recommendation for a resolution on the initiation of a procedure for the requirement of a routine practice data collection (amendment of Annex XII of AM-RL) according to Section 35a, paragraph 3b SGB V, the Subcommittee on Medicinal Products commissioned a working group (WG routine practice data collection (RPDC)) consisting of the members nominated by the leading organisations of the care providers, the members nominated by the SHI umbrella organisation, and the representatives of the patient organisations. Representatives of the IQWiG also participate in the sessions. In addition, the competent higher federal authority, the Paul Ehrlich Institute, was involved in the consultation

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to assess the requirement of a routine practice data collection according to Section 35a, paragraph 3b, sentence 1 SGB V.

The recommended resolution on the initiation of a procedure for the requirement of a routine practice data collection was discussed on 23 January 2024 at the subcommittee session and the draft resolution was approved.

At its session on 1 February 2024, the plenum resolved to initiate a procedure for the requirement of a routine practice data collection.

In conjunction with the resolution of 1 February 2024 regarding the initiation of a procedure for the requirement of a routine practice data collection, the G-BA commissioned IQWiG to scientifically develop a concept for routine practice data collection and evaluations for the purpose of preparing a resolution.

IQWiG's concept was submitted to the G-BA on 3 June 2024. On 4 June 2024, the written submission of the expert bodies according to Section 35a, paragraph 3b, sentences 7 and 8 SGB V was initiated. The deadline for making the written submission was 2 July 2024.

The expert consultation within the framework of the submission by the expert bodies took place on 22 July 2024.

The evaluation of the written submissions received and of the expert consultation was discussed at the session of the Subcommittee on 25 February 2025, and the proposed resolution was approved.

At its session on 6 March 2025, the plenary decided on the suspension of consultations on the requirement of routine practice data collection and evaluations.

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Chronological course of consultation

Session	Date	Subject of consultation
WG RPDC	2 November 2023 7 December 2023 5 January 2024	Consultation on the initiation of a procedure for the requirement of a routine practice data collection (amendment of Annex XII of the AM-RL), involvement of the higher federal authority
Subcommittee on Medicinal Products	23 January 2024	Concluding discussion of the draft resolution
Plenum	1 February 2024	Resolution on the initiation of a procedure for the requirement of a routine practice data collection (amendment of Annex XII of the AM-RL)
WG RPDC	15 July 2024	Information on written submissions received, preparation of the expert consultation
Subcommittee on Medicinal Products	22 July 2024	Implementation of the expert consultation
WG RPDC	1 August 2024 5 December 2024 20 January 2025 6 February 2025 17 February 2025	Consultation on IQWiG's concept and on the specifications for the review of the obligation to conduct and submit evaluations, evaluation of the submission procedure
Subcommittee on Medicinal Products	25 February 2025	Concluding discussion of the draft resolution
Plenum	6 March 2025	Resolution on the suspension of the consultation procedure on the requirement of a routine practice data collection

Berlin, 6 March 2025

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

Prof. Hecken

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