



How does the
G-BA select the
appropriate
comparator?

In an early benefit assessment, the G-BA determines the additional benefit of a new product versus the so-called appropriate comparator therapy (ACT).



The choice of this ACT is at the discretion of the G-BA. It should **reflect the current standard of care**, and thus can be changed at any time (despite a G-BA consultation).





The ACT can be one specific treatment or a selection of treatment options, including non-pharmacological interventions, best supportive care, or watchful waiting.



The G-BA follows
5 main criteria
when selecting the
ACT.

5

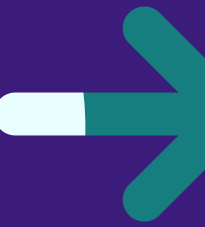
choice

1.) Medicinal products must **have a license** for use in the same indication, unless a product with off-label use is generally preferable to the licensed medicines.





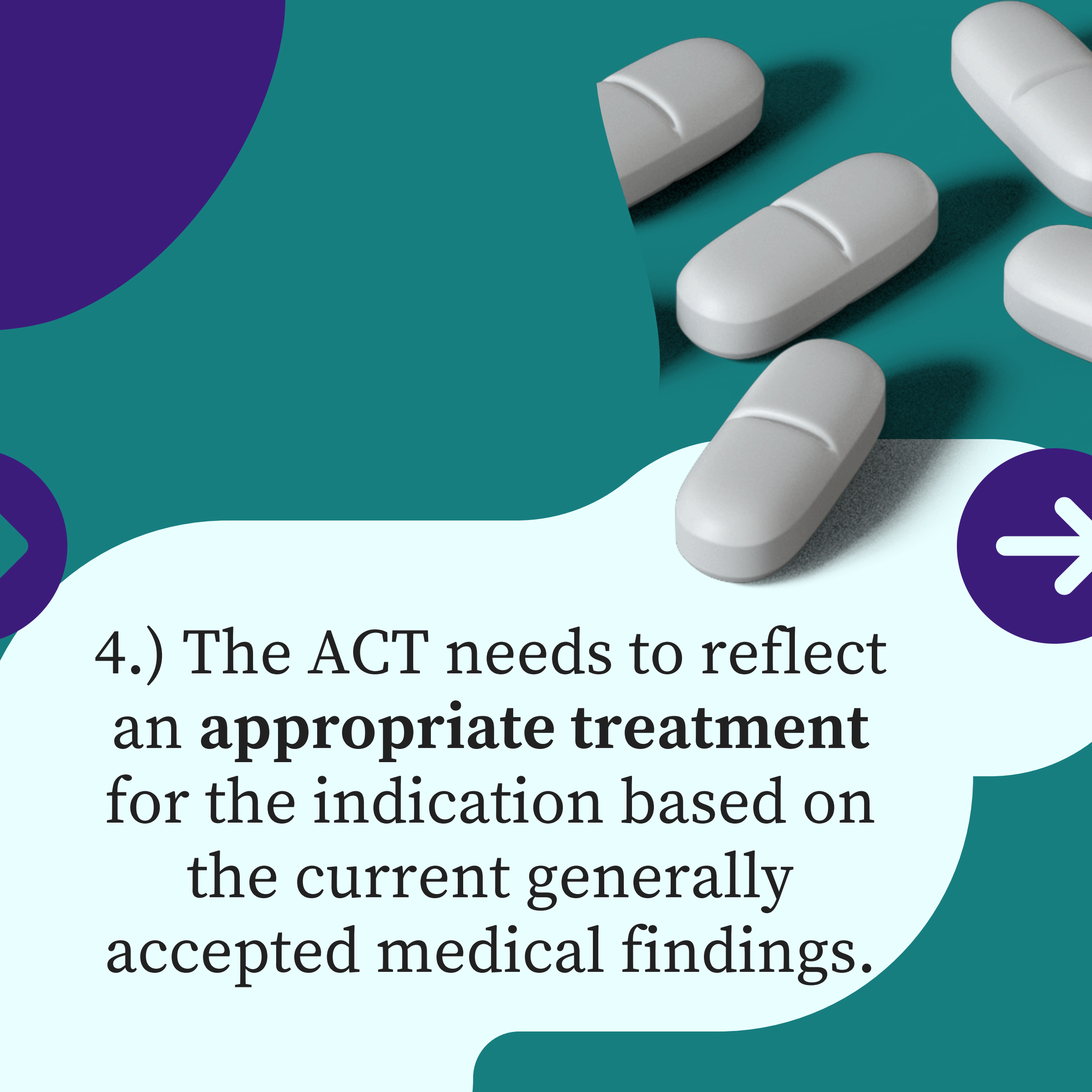
2.) Non-medicinal treatments must be available for prescription and **reimbursable** by SHI funds.



3.) The G-BA prefers treatments, for which they have already **established** a patient-relevant **benefit**.



**Gemeinsamer
Bundesausschuss**



4.) The ACT needs to reflect an **appropriate treatment** for the indication based on the current generally accepted medical findings.

5.) For multiple HTAs within the same active substance class, the G-BA would choose the same ACT. This should allow for uniform and comparable benefit assessments.



Want to find out more?

Get In Touch



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or get my **Free Guide to German HTA system**

A detailed guide to the 10 most commonly asked questions regarding early benefit assessments

