Gemeinsamer Bundesausschuss

Resolution

of the Federal Joint Committee on an Amendment of the Pharmaceuticals Directive:
Annex XII – Benefit Assessment of Medicinal Products with New Active Ingredients according to Section 35a SGB V
Ivacaftor/ tezacaftor/ elexacaftor (new therapeutic indication: cystic fibrosis, combination regimen with ivacaftor, ≥ 2 years, non-Class I mutation (no gating mutation and no F508del mutation))

of 16 October 2025

At their session on 16 October 2025, the Federal Joint Committee (G-BA) resolved to amend the Pharmaceuticals Directive (AM-RL) in the version dated 18 December 2008 / 22 January 2009 (Federal Gazette, BAnz. No. 49a of 31 March 2009), as last amended by the publication of the resolution of D Month YYYY (Federal Gazette, BAnz AT DD.MM.YYYY BX), as follows:

I. **In Annex XII, the following information shall be added after No. 5 to the information on the benefit assessment of Ivacaftor/ tezacaftor/ elexacaftor in accordance with the resolution of 16 May 2024 on the therapeutic indication "(new therapeutic indication: cystic fibrosis, combination regimen with ivacaftor, from 2 to ≤ 5 ≤ 5 years (heterozygous for F508del and other or unknown mutation))":**

Ivacaftor/ tezacaftor/ elexacaftor

Resolution of: 16 October 2025
Entry into force on: 16 October 2025
Federal Gazette, BAnz AT DD. MM YYYY Bx

New therapeutic indication (according to the marketing authorisation of 4 April 2025):

Kaftrio granules are indicated in a combination regimen with ivacaftor for the treatment of cystic fibrosis (CF) in paediatric patients aged 2 to less than 6 years who have at least one non-Class I mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene.

Kaftrio tablets are indicated in a combination regimen with ivacaftor for the treatment of cystic fibrosis (CF) in patients aged 6 years and older who have at least one non-Class I mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene.

Therapeutic indication of the resolution (resolution of 16 October 2025):

Ivacaftor/ tezacaftor/ elexacaftor is indicated in a combination regimen with ivacaftor for the treatment of cystic fibrosis (CF) in patients aged 2 years and older who have at least one non-Class I mutation, which is not an F508del mutation and not a gating mutation, in the cystic fibrosis transmembrane conductance regulator (CFTR) gene.

1. Additional benefit of the medicinal product in relation to the appropriate comparator therapy

Adults, adolescents and children aged 2 years and older with cystic fibrosis who have at least one non-Class I mutation, which is not an F508del mutation and not a gating mutation, in the CFTR gene.

a) Adults with cystic fibrosis who have at least one non-Class I mutation, which is not an F508del mutation and not a gating mutation, in the CFTR gene.

Appropriate comparator therapy for ivacaftor/ tezacaftor/ elexacaftor in combination with ivacaftor:

- Best supportive care

Extent and probability of the additional benefit of ivacaftor/ tezacaftor/ elexacaftor in combination with ivacaftor compared to best supportive care:

Hint for a major additional benefit.

b) Children and adolescents aged ≥ 6 to < 18 years with cystic fibrosis who have at least one non-Class I mutation, which is not an F508del mutation and not a gating mutation, in the CFTR gene.

Appropriate comparator therapy for ivacaftor/ tezacaftor/ elexacaftor in combination with ivacaftor:

– Best supportive care

Extent and probability of the additional benefit of ivacaftor/ tezacaftor/ elexacaftor in combination with ivacaftor compared to best supportive care:

Hint for a considerable additional benefit.

c) Children aged ≥ 2 to < 6 years with cystic fibrosis who have at least one non-Class I mutation, which is not an F508del mutation and not a gating mutation, in the CFTR gene.

Appropriate comparator therapy for ivacaftor/ tezacaftor/ elexacaftor in combination with ivacaftor:

– Best supportive care

Extent and probability of the additional benefit of ivacaftor/ tezacaftor/ elexacaftor in combination with ivacaftor compared to best supportive care:

Hint for a non-quantifiable additional benefit.

Study results according to endpoints:[1]

a) Adults with cystic fibrosis who have at least one non-Class I mutation, which is not an F508del mutation and not a gating mutation, in the CFTR gene.

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	↔	No relevant differences for the benefit assessment.
Morbidity	↑	Advantage in (severe) pulmonary exacerbations and in the respiratory system domain of the CFQ-R.
Health-related quality of life	↑	Advantage in the domains of physical well-being, vitality, social limitations, role functioning, subjective health assessment of the CFQ-R.
Side effects	↔	No relevant differences for the benefit assessment; in detail, disadvantage in the specific AE "Rash".
Explanations: ↑: statistically significant and relevant positive effect with low/unclear reliability of data ↓: statistically significant and relevant negative effect with low/unclear reliability of data ↑↑: statistically significant and relevant positive effect with high reliability of data ↓↓: statistically significant and relevant negative effect with high reliability of data ↔: no statistically significant or relevant difference ∅: No data available. n.a.: not assessable		

[1] Data from the dossier assessment of the Institute for Quality and Efficiency in Health Care (IQWiG) (A25-61) unless otherwise indicated.

b) Children and adolescents aged ≥ 6 to < 18 years with cystic fibrosis who have at least one non-Class I mutation, which is not an F508del mutation and not a gating mutation, in the CFTR gene.

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	↔	No relevant differences for the benefit assessment.
Morbidity	↑	Advantage in (severe) pulmonary exacerbations and in the respiratory system domain of the CFQ-R.
Health-related quality of life	↑	Advantage in the domains of vitality (≥ 14 years), social limitations and role functioning (≥ 14 years) of the CFQ-R.
Side effects	↔	No relevant differences for the benefit assessment; in detail, disadvantage in the specific AE "Rash".
Explanations: ↑: statistically significant and relevant positive effect with low/unclear reliability of data ↓: statistically significant and relevant negative effect with low/unclear reliability of data ↑↑: statistically significant and relevant positive effect with high reliability of data ↓↓: statistically significant and relevant negative effect with high reliability of data ↔: no statistically significant or relevant difference ∅: No data available. n.a.: not assessable		

c) Children aged ≥ 2 to < 6 years with cystic fibrosis who have at least one non-Class I mutation, which is not an F508del mutation and not a gating mutation, in the CFTR gene.

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	↔	No relevant differences for the benefit assessment with transfer of evidence of the results from older patients with at least one non-Class I mutation that is not an F508del mutation and not a gating mutation.
Morbidity	↑	Advantage with transfer of evidence of the results from older patients with at least one non-Class I mutation that is not an F508del mutation and not a gating mutation.
Health-related quality of life	↑	Advantage with transfer of evidence of the results from older patients with at least one non-Class I mutation that is not an F508del mutation and not a gating mutation.
Side effects	↔	No relevant differences for the benefit assessment with transfer of evidence of the results from older patients with at least one non-Class I mutation that is not an F508del mutation and not a gating mutation.
Explanations: ↑: statistically significant and relevant positive effect with low/unclear reliability of data ↓: statistically significant and relevant negative effect with low/unclear reliability of data ↑↑: statistically significant and relevant positive effect with high reliability of data ↓↓: statistically significant and relevant negative effect with high reliability of data ↔: no statistically significant or relevant difference ∅: No data available. n.a.: not assessable		

Adults, adolescents and children aged 2 years and older with cystic fibrosis who have at least one non-Class I mutation, which is not an F508del mutation and not a gating mutation, in the CFTR gene.

VX21-445-124 study: Ivacaftor/ tezacaftor/ elexacaftor + ivacaftor + BSC vs placebo + BSC

Mortality

Endpoint	**IVA/ TEZ/ ELX + IVA + BSC**		**Placebo + BSC**		IVA/ TEZ/ ELX + IVA + BSC vs Placebo + BSC
	N	Patients with event n (%)	N	Patients with event n (%)	Relative risk [95% CI]; p value
Overall mortality[a]					
	205	1 (0.5)	102	0 (0)	–

Morbidity

Endpoint	**IVA/ TEZ/ ELX + IVA + BSC**		**Placebo + BSC**		IVA/ TEZ/ ELX + IVA + BSC vs Placebo + BSC
	N	Patients with event n (%)	N	Patients with event n (%)	Relative risk [95% CI]; p value
Morbidity					
Pulmonary exacerbations	205	18 (8.8)	102	26 (25.5)	0.34 [0.20; 0.58]; < 0.001[b]
Severe pulmonary exacerbations[c]	205	3 (1.5)	102	11 (10.8)	0.13 [0.04; 0.45]; 0.001[b]
	IVA/ TEZ/ ELX + IVA + BSC		**Placebo + BSC**		IVA/ TEZ/ ELX + IVA + BSC vs Placebo + BSC
	N	Number of events nE (nE/ patient years)	N	Number of events nE (nE/ patient years)	Rate ratio [95% CI]; p value
Pulmonary exacerbations	205	21 (0.17)[p]	102	40 (0.63)[p]	0.28 [0.15; 0.51]; <0.0001[p]
Severe pulmonary exacerbations[c]	n.d.				0.11 [0.03; 0.40]; 0.0008[q]

Endpoint	IVA/ TEZ/ ELX + IVA + BSC			Placebo + BSC			IVA/ TEZ/ ELX + IVA + BSC vs Placebo + BSC
	N[m]	Values at the start of the study MV (SD)	Change at week 24 MV[e] (SE)	N[m]	Values at the start of the study MV[e] (SD)	Change at week 24 MV (SE)	MD [95% CI]; p value
Morbidity							
Absolute change in BMI [kg/m²]	196	22.5 (4.6)	0.8 (0.1)	102	22.5 (4.2)	0.4 (0.1)	0.47 [0.24; 0.69] < 0.001[o]
Absolute change in BMI z-score	48	− 0.3 (1.0)	0.2 (0.0)	24	-0.2 (1.0)	0.1 (0.1)	0.08 [-0.06; 0.22] 0.245[o]
Absolute change in sweat chloride concentration [mmol/l][2] *(presented additionally)*	202	79.51 (26.90)	50.43 (27.49)	100	75.19 (28.67)	75.23 (28.50)	-28.27 [-32.08; -24.47]; < 0.0001

Endpoint	IVA/ TEZ/ ELX + IVA + BSC			Placebo + BSC			IVA/ TEZ/ ELX + IVA + BSC vs Placebo + BSC
	N[d]	Values at the start of the study MV (SD)	Mean change over 24 weeks MV[e] (SE)	N[d]	Values at the start of the study MV (SD)	Mean change over 24 weeks MV[e] (SE)	MD [95% CI]; p value[o]
Morbidity							
FEV_1[n] - absolute change	192	67.5 (17.6)	8.9 (0.6)	98	68.1 (18.1)	-0.4 (0.8)	9.24 [7.22; 11.26]; < 0.001 SMD [95% CI]: 1.11 [0.85; 1.37]
Symptomatology (CFQ-R, children [6-11 years, 12-13 years] and adolescents or adults – pooled)[f]							

[2] Data from the dossier

Respiratory system	202	64.1 (20.7)	17.5 (1.2)	102	65.8 (21.3)	-2.0 (1.6)	19.49 [15.52; 23.46]; < 0.001 SMD [95% CI]: 1.17 [0.91; 1.43]
Gastrointestinal symptoms	202	80.1 (19.8)	0.0 (1.0)	102	84.4 (18.3)	-2.7 (1.4)	2.73 [-0.64; 6.09]; 0.113
Weight problems[g]	173	83.4 (29.6)	2.2 (1.9)	92	83.3 (30.7)	-2.8 (2.7)	4.94 [-1.55; 11.42]; 0.135
Symptomatology (CFQ-R, parent/caregiver version [children aged 6–13 years]; *presented additionally*)[f]							
Respiratory system	29	82.5 (15.8)	6.5 (2.7)	10	83.1 (12.7)	0.7 (4.7)	5.83 [-5.19; 16.85]; 0.290
Gastrointestinal symptoms	29	90.4 (12.1)	-2.4 (2.2)	10	87.8 (17.7)	-1.8 (3.8)	-0.63 [-9.48; 8.21]; 0.885
Weight problems	29	62.1 (36.4)	8.5 (4.3)	10	60.0 (34.4)	-3.9 (7.5)	12.30 [-5.18; 29.78]; 0.162

Health-related quality of life

Endpoint	**IVA/ TEZ/ ELX + IVA + BSC**			**Placebo + BSC**			IVA/ TEZ/ ELX + IVA + BSC vs Placebo + BSC
	N[d]	Values at the start of the study MV (SD)	Mean change over 24 weeks MV[e] (SE)	N[d]	Values at the start of the study MV (SD)	Mean change over 24 weeks MV[e] (SE)	MD [95% CI]; p value[e]
Health-related quality of life							
Health-related quality of life (CFQ-R, children [6–11 years, 12–13 years] and adolescents or adults – pooled)[f]							
Physical well-being	202	67.6 (26.4)	9.8 (1.1)	102	67.6 (26.3)	-2.9 (1.6)	12.70 [8.92; 16.47]; < 0.001 SMD [95% CI]: 0.80 [0.56; 1.05]
Age < 18 years	42	85.3 (17.4)	3.2 (3.0)	20	84.5 (18.2)	-1.4 (4.1)	4.56 [-3.95; 13.08]; 0.288

Age ≥ 18 years	160	63.0 (26.4)	11.3 (1.3)	82	63.5 (26.4)	-3.4 (1.8)	14.78 [10.56; 19.00]; < 0.001 SMD [95% CI]: 0.92 [0.65; 1.20]
							Interaction: 0.015
Emotional state	202	76.7 (17.7)	3.1 (0.8)	102	78.2 (18.3)	-0.5 (1.1)	3.54 [0.85; 6.24]; 0.010 SMD [95% CI]: 0.31 [0.07; 0.55]
Vitality[g]	173	55.8 (21.8)	9.4 (1.2)	92	58.6 (20.8)	-4.5 (1.7)	13.82 [9.76; 17.87]; < 0.001 SMD [95% CI]: 0.86 [0.60; 1.13]
Social limitations	202	66.1 (19.1)	5.7 (0.9)	102	68.6 (18.4)	-2.6 (1.2)	8.31 [5.34; 11.28]; < 0.001 SMD [95% CI]: 0.67 [0.42; 0.91]
Role functioning[g]	170	79.0 (20.2)	5.2 (1.0)	91	81.0 (20.0)	-1.2 (1.4)	6.39 [2.98; 9.80]; < 0.001 SMD [95% CI]: 0.48 [0.22; 0.74]
Body image	202	78.1 (22.4)	2.7 (1.1)	102	81.1 (22.3)	-2.1 (1.5)	4.84 [1.28; 8.39]; 0.008 SMD [95% CI]: 0.32 [0.08; 0.56]
Eating disorders	202	87.8 (20.1)	2.5 (1.0)	102	89.5 (17.6)	-1.3 (1.4)	3.73 [0.40; 7.06]; 0.028 SMD [95% CI]: 0.27 [0.03; 0.51]
Burden of therapy	202	60.9 (21.6)	6.7 (1.1)	102	60.1 (23.9)	1.8 (1.5)	4.86 [1.21; 8.51]; 0.009 SMD [95% CI]: 0.32 [0.08; 0.56]
Subjective health assessment[g]	173	55.8 (23.6)	12.1 (1.2)	92	59.5 (20.9)	-2.9 (1.7)	15.01 [10.89; 19.13];

							< 0.001 SMD [95% CI]: 0.92 [0.66; 1.19]
Age < 18 years	13	72.7 (16.7)	16.7 (6.1)	10	64.4 (18.0)	12.6 (7.1)	4.02 [-13.58; 21.62]; 0.640
Age ≥ 18 years	160	54.4 (23.6)	12.6 (1.3)	82	58.9 (21.3)	-3.9 (1.7)	16.49 [12.27; 20.71]; < 0.001 SMD [95% CI]: 1.04 [0.76; 1.32]
							Interaction: 0.020
Health-related quality of life (CFQ-R, parent/caregiver version [children 6–13 years] – *presented additionally*)[f]							
Physical well-being	29	87.1 (15.1)	2.8 (2.3)	10	92.9 (5.9)	-5.3 (4.0)	8.14 [- 1.17; 17.45]; 0.085
Emotional state	29	83.9 (15.5)	0.5 (2.0)	10	83.3 (10.1)	-1.5 (3.5)	1.97 [- 6.13; 10.06]; 0.625
Vitality	29	77.9 (17.1)	-1.0 (2.2)	10	76.0 (11.8)	-0.5 (3.8)	−0.55 [−9.44; 8.34]; 0.901
Social limitations	Domain not intended for parents/ caregivers						
Role functioning	Domain not intended for parents/ caregivers						
Body image	29	79.3 (22.4)	4.4 (3.0)	10	71.1 (30.6)	-1.0 (5.2)	5.40 [- 6.73; 17.52]; 0.372
Eating disorders	29	82.8 (22.5)	-0.4 (2.8)	10	75.0 (33.6)	-1.9 (5.0)	1.45 [- 10.13; 13.02]; 0.801
Burden of therapy	29	69.0 (19.6)	2.6 (2.8)	10	70.0 (23.5)	-10.4 (4.9)	13.01 [1.58; 24.44]; 0.027 SMD [95% CI]: 0.84 [0.09; 1.59]
Subjective health assessment	29	72.6 (18.8)	9.7 (2.7)	10	77.8 (12.8)	2.6 (4.8)	7.06 [- 4.02; 18.13]; 0.204
School activities[h]	29	77.0 (19.5)	1.1 (2.6)	10	83.3 (14.2)	-0.7 (4.6)	1.83 [- 8.95; 12.60]; 0.733

Side effects

Endpoint	IVA/ TEZ/ ELX + IVA + BSC		Placebo + BSC		IVA/ TEZ/ ELX + IVA + BSC vs Placebo + BSC
	N	Patients with event n (%)	N	Patients with event n (%)	Relative risk [95% CI]; p value
Total adverse events *(presented additionally)*[i]					
	205	192 (93.7)	102	94 (92.2)	–
Serious adverse events (SAE)[i]					
	205	14 (6.8)	102	3 (2.9)	2.32 [0.68; 7.90]; 0.171[j]
Severe adverse events (CTCAE grade 3 or 4)[i,k]					
	205	14 (6.8)	102	2 (2.0)	3.48 [0.81; 15.03]; 0.075[j]
Therapy discontinuation due to adverse events[i]					
	205	5 (2.4)	102	0 (0)	–[l]; 0.120[j]
Specific adverse events					
Rash (PT, AEs)	205	45 (22.0)	102	1 (1.0)	22.39 [3.13; 160.13]; < 0.001[j]

a. The results on overall mortality are based on the data on fatal AEs.
b. RR, CI and p value: generalised linear model (binomial distribution with log link); adjusted for FEV1%, age (< 18 years vs ≥ 18 years) and CFTR mutation group (≥ 1 RF-like mutation vs no RF-like mutation)
c. Operationalised as hospitalisation due to pulmonary exacerbations
d. Number of patients who were taken into account in the effect estimation; the values at the start of the study can be based on other patient numbers.
e. MV and SE (per treatment group) as well as MD, CI and p value (group comparison): MMRM; adjusted for FEV1%, age (< 18 years vs ≥ 18 years) and CFTR mutation group (≥ 1 RF-like mutation vs no RF-like mutation). Effect represents the difference in mean changes (compared to baseline value) between the treatment groups over 24 weeks. The age-related BMI z-score is not adjusted for age.
f. Higher (increasing) values mean better symptomatology/ health-related quality of life; positive effects (intervention minus comparison) mean an advantage for the intervention (scale range: 0 to 100).
g. Domain intended for adolescents (≥ 14 years) or adults; not for children [6 to 11 years, 12 to 13 years]
h. Domain intended for parents or caregivers; not for patients
i. Without PT "Infectious pulmonary exacerbation of cystic fibrosis"
j. Own calculation of p value (IQWiG)
k. Operationalised as CTCAE grade 3 and 4. For the assessment of the severity grade of an AE in paediatric patients by the principal investigator, the reference ranges for paediatric clinical laboratory parameters could deviate from those of the CTCAE
l. No presentation of RR and CI, as not informative
m. Number of patients who were taken into account in the effect estimation; the values at the start of the study can be based on other patient numbers.
n. As a percentage of the standardised normal value [in %]; higher (increasing) values mean better functioning; positive effects (intervention minus comparison) mean an advantage for the intervention
o. The effect represents the difference in changes (compared to the baseline value) between treatment groups in week 24.

p. Rate (per treatment group) as well as rate ratio, CI and p value (group comparison): Negative binomial model; adjusted for FEV1%, age (< 18 years vs ≥ 18 years) and CFTR mutation group (≥ 1 RF-like mutation vs no RF-like mutation), logarithmised patient years as offset
q. The pharmaceutical company did not provide any information on the modelling, but it was assumed that the modelling corresponds to that used in the evaluation of pulmonary exacerbations.

Abbreviations used:
BSC: best supportive care; CFQ-R: Cystic Fibrosis Questionnaire – Revised; CFTR: Cystic Fibrosis Transmembrane Conductance Regulator; CTCAE: Common Terminology Criteria for Adverse Events; ELX: elexacaftor; FEV1: forced expiratory volume in 1 second; IVA: ivacaftor; CI: confidence interval; MMRM: mixed model for repeated measures; MV: mean value; MD: mean difference; N: number of patients evaluated; n: number of patients with (at least one) event; PT: preferred term; RCT: randomised controlled trial; RF: residual function; RR: relative risk; SAE: serious adverse event; SD: standard deviation; SE: standard error; SMD: standardised mean difference; SAE: serious adverse event; TEZ: tezacaftor; AE: adverse event.

2. Number of patients or demarcation of patient groups eligible for treatment

a) Adults with cystic fibrosis who have at least one non-Class I mutation, which is not an F508del mutation and not a gating mutation, in the CFTR gene.

Approx. 240 patients

b) Children and adolescents aged ≥ 6 to < 18 years with cystic fibrosis who have at least one non-Class I mutation, which is not an F508del mutation and not a gating mutation, in the CFTR gene.

Approx. 100 patients

c) Children aged ≥ 2 to < 6 years with cystic fibrosis who have at least one non-Class I mutation, which is not an F508del mutation and not a gating mutation, in the CFTR gene.

Approx. 35 patients

3. Requirements for a quality-assured application

The requirements in the product information are to be taken into account. The European Medicines Agency (EMA) provides the contents of the product information (summary of product characteristics, SmPC) for Kaftrio (active ingredient: ivacaftor/ tezacaftor/ elexacaftor) at the following publicly accessible link (last access: 07 August 2025):

https://www.ema.europa.eu/en/documents/product-information/kaftrio-epar-product-information_en.pdf

Treatment with ivacaftor/ tezacaftor/ elexacaftor should only be initiated and monitored by specialists experienced in treating patients with cystic fibrosis.

4. Treatment costs

Annual treatment costs:

a) Adults with cystic fibrosis who have at least one non-Class I mutation, which is not an F508del mutation and not a gating mutation, in the CFTR gene.

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Ivacaftor/ tezacaftor/ elexacaftor	€ 124,519.62
Ivacaftor	€ 71,942.93
Total:	€ 196,462.55
Best supportive care	Different from patient to patient
Appropriate comparator therapy:	
Best supportive care	Different from patient to patient

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 August 2025)

Costs for additionally required SHI services: not applicable

b) Children and adolescents aged ≥ 6 to < 18 years with cystic fibrosis who have at least one non-Class I mutation, which is not an F508del mutation and not a gating mutation, in the CFTR gene.

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Ivacaftor/ tezacaftor/ elexacaftor	€ 124,519.62
Ivacaftor	€ 71,999.38
Total:	€ 196,519.00
Best supportive care	Different from patient to patient
Appropriate comparator therapy:	
Best supportive care	Different from patient to patient

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 August 2025)

Costs for additionally required SHI services: not applicable

c) Children and adolescents aged ≥ 2 to < 6 years with cystic fibrosis who have at least one non-Class I mutation, which is not an F508del mutation and not a gating mutation, in the CFTR gene.

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Ivacaftor/ tezacaftor/ elexacaftor	€ 124,519.62
Ivacaftor	€ 71,942.93
Total:	€ 196,462.55
Best supportive care	Different from patient to patient
Appropriate comparator therapy:	
Best supportive care	Different from patient to patient

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 August 2025)

Costs for additionally required SHI services: not applicable

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

In the context of the designation of medicinal products with new active ingredients pursuant to Section 35a, paragraph 3, sentence 4 SGB V, the following findings are made:

a) Adults with cystic fibrosis who have at least one non-Class I mutation, which is not an F508del mutation and not a gating mutation, in the CFTR gene.

- No medicinal product with new active ingredients that can be used in a combination therapy that fulfils the requirements of Section 35a, paragraph 3, sentence 4 SGB V.

b) Children and adolescents aged ≥ 6 to < 18 years with cystic fibrosis who have at least one non-Class I mutation, which is not an F508del mutation and not a gating mutation, in the CFTR gene.

- No medicinal product with new active ingredients that can be used in a combination therapy that fulfils the requirements of Section 35a, paragraph 3, sentence 4 SGB V.

c) Children and adolescents aged ≥ 2 to < 6 years with cystic fibrosis who have at least one non-Class I mutation, which is not an F508del mutation and not a gating mutation, in the CFTR gene.

- No medicinal product with new active ingredients that can be used in a combination therapy that fulfils the requirements of Section 35a, paragraph 3, sentence 4 SGB V.

The designation of combinations exclusively serves the implementation of the combination discount according to Section 130e SGB V between health insurance funds and pharmaceutical companies. 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.

II. The resolution will enter into force on the day of its publication on the website of the G-BA on 16 October 2025.

The justification to this resolution will be published on the website of the G-BA at www.g-ba.de.

Berlin, 16 October 2025

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

Prof. Hecken