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 (a gating mutation and not an 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 October 2025 on the therapeutic indication "(new therapeutic indication: cystic fibrosis, combination regimen with ivacaftor, ≥ 2 years, non-Class I mutation (no gating mutation and no F508del 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 one non-Class I mutation, which is a gating mutation and not an F508del 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 a gating mutation and not an F508del mutation, in the CFTR gene

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

- Ivacaftor

Extent and probability of the additional benefit of ivacaftor/ tezacaftor/ elexacaftor in combination with ivacaftor compared to the appropriate comparator therapy:

An additional benefit is not proven.

Study results according to endpoints:[1]

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

[1] Data from the dossier assessment of the Institute for Quality and Efficiency in Health Care (IQWiG) (A25-62) unless otherwise indicated.

Summary of results for relevant clinical endpoints

There are no assessable data.

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	n.a.	There are no assessable data.
Morbidity	n.a.	There are no assessable data.
Health-related quality of life	n.a.	There are no assessable data.
Side effects	n.a.	There are no assessable data.
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		

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

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

Approx. 100 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: 06 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:

Adults, adolescents and children aged 2 years and older with cystic fibrosis who have one non-Class I mutation, which is a gating mutation and not an F508del 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 - € 71,999.38
Total:	€ 196,462.55 - € 196,519.00
Appropriate comparator therapy:	
Ivacaftor	€ 143,885.87

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:

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