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

Guselkumab (new therapeutic indication: Crohn's disease, pretreated)

of 20 November 2025

At their session on 20 November 2025, the Federal Joint Committee (G-BA) resolved not 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 Guselkumab in accordance with the resolution of 20 November 2025:

Guselkumab

Resolution of: 20 November 2025
Entry into force on: 20 November 2025
Federal Gazette, BAnz AT DD. MM YYYY Bx

New therapeutic indication (according to the marketing authorisation of 5 May 2025):

Tremfya is indicated for the treatment of adult patients with moderately to severely active Crohn's disease who have had an inadequate response, lost response, or were intolerant to either conventional therapy or a biologic treatment.

Therapeutic indication of the resolution (resolution of 20 November 2025):

See new therapeutic indication according to marketing authorisation.

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

a) Adults with moderately to severely active Crohn's disease who have had an inadequate response, lost response or were intolerant to conventional therapy

Appropriate comparator therapy:

- Adalimumab or infliximab or risankizumab or ustekinumab or vedolizumab

Extent and probability of the additional benefit of guselkumab compared to ustekinumab:

An additional benefit is not proven.

b) Adults with moderately to severely active Crohn's disease who have had an inadequate response, lost response or were intolerant to a biologic agent (TNF-α antagonist or integrin inhibitor or interleukin inhibitor)

Appropriate comparator therapy:

- Adalimumab or infliximab or risankizumab or upadacitinib or ustekinumab or vedolizumab

Extent and probability of the additional benefit of guselkumab compared to ustekinumab:

Indication of a minor additional benefit.

Study results according to endpoints:[1]

a) Adults with moderately to severely active Crohn's disease who have had an inadequate response, lost response or were intolerant to conventional therapy

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	↔	No relevant differences for the benefit assessment.
Health-related quality of life	↔	No relevant differences for the benefit assessment.
Side effects	↔	No relevant differences for the benefit assessment.
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		

GALAXI 1 and GALAXI 2/3 studies: double-blind, multicentre, RCTs, guselkumab vs ustekinumab

Mortality (until week 48)

Endpoint	Guselkumab		Ustekinumab		Guselkumab vs ustekinumab
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI] p value[a]
Overall mortality[b]					
GALAXI 1	35	0 (0)	30	0 (0)	-
GALAXI 2/3	140	0 (0)	140	0 (0)	-
Total					-

[1] Data from the dossier assessment of the IQWiG (A25-75) and from the addendum (A25-131), unless otherwise indicated.

Morbidity (until week 48)

Endpoint	Guselkumab		Ustekinumab		Guselkumab vs ustekinumab
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI] p value[a]
Corticosteroid-free remission (PRO2)[c]					
GALAXI 1	29	15 (51.7)	26	17 (65.4)	0.79 [0.50; 1.25]; 0.315
GALAXI 2/3	140	88 (62.9)	140	90 (64.3)	0.98 [0.82; 1.17]; 0.813
Total[d]					0.95 [0.80; 1.12]; 0.51
Remission (PRO2)[c]					
GALAXI 1	29	18 (62.1)	26	17 (65.4)	0.94 [0.64; 1.41]; 0.780
GALAXI 2/3	140	93 (66.4)	140	93 (66.4)	1.00 [0.85; 1.18]; 0.983
Total[d]					0.99 [0.85; 1.16]; 0.916
Bowel symptoms (IBDQ – improvement[e])					
GALAXI 1	29	22 (75.9)	26	19 (73.1)	1.04 [0.76; 1.42]; 0.806
GALAXI 2/3	140	95 (67.9)	140	96 (68.6)	0.99 [0.85; 1.16]; 0.928
Total[d]					1.00 [0.87; 1.15]; 0.978
Systemic symptoms (IBDQ – improvement[f])					
GALAXI 1	29	19 (65.5)	26	18 (69.2)	0.95 [0.66; 1.37]; 0.790
GALAXI 2/3	140	92 (65.7)	140	83 (59.3)	1.11 [0.93; 1.33]; 0.250
Total[d]					1.08 [0.92; 1.27]; 0.366
Fistula-free status[g]					

GALAXI 1	29	23 (79.3)	26	22 (84.6)	0.94 [0.73; 1.20]; 0.601
GALAXI 2/3	140	112 (80.0)	140	120 (85.7)	0.93 [0.84; 1.04]; 0.203
Total[d]					0.93 [0.85; 1.03]; 0.173
Fatigue (PROMIS Fatigue SF 7a – improvement[h])					
GALAXI 1 (improvement by ≥ 8.07 points)	29	16 (55.2)	26	13 (50.0)	1.11 [0.68; 1.83]; 0.680
GALAXI 2/3 (improvement by ≥ 9 points)	140	63 (45.0)	140	61 (43.6)	1.04 [0.80; 1.35]; 0.790
Total					1.05 [0.84; 1.33]; 0.651[i]
Symptomatology – improvement					
PGIC[j]					
GALAXI 1	29	25 (86.2)	26	24 (92.3)	0.93 [0.78; 1.12]; 0.464
GALAXI 2/3	140	120 (85.7)	140	116 (82.9)	1.04 [0.94; 1.15]; 0.471
Total					1.02 [0.93; 1.11]; 0.721
PGIS[k]					
GALAXI 1	29	18 (62.1)	26	15 (57.7)	1.08 [0.70; 1.66]; 0.718
GALAXI 2/3	140	92 (65.7)	140	94 (67.1)	0.98 [0.83; 1.16]; 0.809
Total					0.99 [0.85; 1.16]; 0.927
Health status (EQ-5D VAS – improvement[l])					
GALAXI 1	29	20 (69.0)	26	12 (46.2)	1.50 [0.93; 2.42]; 0.099
GALAXI 2/3	140	78 (55.7)	140	81 (57.9)	0.97 [0.79; 1.19]; 0.758
Total[d]					1.03 [0.86; 1.25]; 0.721

Activity impairment (WPAI-CD item 6)[q]					
GALAXI 1	29	19 (65.5)	26	18 (69.2)	0.95 [0.66; 1.37]; 0.790
GALAXI 2/3	140	19 (65.5)	140	91 (65.0)	0.94 [0.79; 1.12]; 0.481
Total[d]					0.94 [0.80; 1.10]; 0.426

Health-related quality of life (at week 48)

Endpoint	**Guselkumab**		**Ustekinumab**		**Guselkumab vs ustekinumab**
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI] p value[a]
IBDQ total score – improvement[m]					
GALAXI 1	29	18 (62.1)	26	18 (69.2)	0.90 [0.63; 1.30]; 0.589
GALAXI 2/3	140	92 (65.7)	140	87 (62.1)	1.06 [0.89; 1.26]; 0.503
Total[d]					1.03 [0.88; 1.21]; 0.729
Bowel symptoms[e]					
GALAXI 1	29	22 (75.9)	26	19 (73.1)	1.04 [0.76; 1.42]; –
GALAXI 2/3	140	95 (67.9)	140	96 (68.6)	0.99 [0.85; 1.16]; –
Total[d]					1.00 [0.87; 1.15]; –
Systemic symptoms[i]					
GALAXI 1	29	19 (65.5)	26	18 (69.2)	0.95 [0.66; 1.37]; –
GALAXI 2/3	140	92 (65.7)	140	83 (59.3)	1.11 [0.93; 1.33]; –
Total[d]					1.08 [0.92; 1.27]; –
Emotional functioning[m]					
GALAXI 1	29	16 (55.2)	26	15 (57.7)	0.97 [0.65; 1.46]; –
GALAXI 2/3	140	81 (57.9)	140	80 (57.1)	1.02 [0.83; 1.24]; –
Total[d]					1.00 [0.83; 1.21]; –
Social functioning[m]					
GALAXI 1	29	16 (55.2)	26	19 (73.1)	0.76 [0.51; 1.13]; –
GALAXI 2/3	140	87 (62.1)	140	89 (63.6)	0.98 [0.82; 1.17]; –

Total[d]					0.94 [0.79; 1.10]; –
PROMIS-29 – improvement[n]					
Physical Health Summary (PHS) score					
GALAXI 1	No suitable data				
GALAXI 2/3	140	71 (50.7)	140	59 (42.1)	1.20 [0.94; 1.55]; 0.151
Mental Health Summary (MHS) score					
GALAXI 1	No suitable data				
GALAXI 2/3	140	74 (52.9)	140	75 (53.6)	0.99 [0.80; 1.23]; 0.945
Physical functioning					
GALAXI 1 (improvement by ≥ 5.10 points)	29	14 (48.3)	26	7 (26.9)	1.81 [0.87; 3.74]; –
GALAXI 2/3 (improvement by ≥ 7 points)	140	68 (48.6)	140	55 (39.3)	1.24 [0.95; 1.62]; –
Anxiety					
GALAXI 1 (improvement by ≥ 6.20 points)	29	17 (58.6)	26	8 (30.8)	1.92 [1.00; 3.67]; –
GALAXI 2/3 (improvement by ≥ 7 points)	140	53 (37.9)	140	51 (36.4)	1.04 [0.77; 1.41]; –
Depressiveness					
GALAXI 1 (improvement by ≥ 5.76 points)	29	15 (51.7)	26	7 (26.9)	1.96 [1.00; 3.84]; –
GALAXI 2/3 (improvement by ≥ 7 points)	140	53 (37.9)	140	46 (32.9)	1.17 [0.85; 1.60]; –
Exhaustion					
GALAXI 1 (improvement by ≥ 6.32 points)	29	15 (51.7)	26	11 (42.3)	1.23 [0.70; 2.16]; –
GALAXI 2/3 (improvement by ≥ 7 points)	140	71 (50.7)	140	70 (50.0)	1.02 [0.81; 1.28]; –
Sleep impairment					

GALAXI 1 (improvement by ≥ 6.32 points)	29	11 (37.9)	26	9 (34.6)	1.10 [0.55; 2.21]; –
GALAXI 2/3 (improvement by ≥ 7 points)	140	50 (35.7)	140	37 (26.4)	1.36 [0.95; 1.94]; –
Participation in social roles and activities					
GALAXI 1 (improvement by ≥ 6.32 points)	29	16 (55.2)	26	13 (50.0)	1.11 [0.68; 1.82]; –
GALAXI 2/3 (improvement by ≥ 7 points)	140	64 (45.7)	140	73 (52.1)	0.88 [0.70; 1.12]; –
Impairment due to pain					
GALAXI 1 (improvement by ≥ 5.10 points)	29	21 (72.4)	26	16 (61.5)	1.18 [0.82; 1.71]; –
GALAXI 2/3 (improvement by ≥ 7 points)	140	78 (55.7)	140	81 (57.9)	0.97 [0.79; 1.18]; –
Pain severity					
GALAXI 1 (improvement by ≥ 3 points)	29	18 (62.1)	26	16 (61.5)	1.01 [0.67; 1.53]; –
GALAXI 2/3 (improvement by ≥ 3 points)	140	75 (53.6)	140	82 (58.6)	0.91 [0.75; 1.12]; –
Total[d]					0.93 [0.77; 1.12]; –

Side effects (until week 48)[o]

Endpoint	Guselkumab		Ustekinumab		Guselkumab vs ustekinumab
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI] p value[a]
Total adverse events (AEs) *(presented additionally)*					
GALAXI 1	35	24 (68.6)	30	22 (73.3)	–
GALAXI 2/3	140	98 (70.0)	140	98 (70.0)	–
Serious adverse events (SAE)					
GALAXI 1	35	3 (8.6)	30	2 (6.7)	1.28 [0.23; 7.21]; 0.777
GALAXI 2/3	140	11 (7.9)	140	13 (9.3)	0.82 [0.38; 1.80]; 0.627
Total					0.91 [0.45; 1.83]; 0.788
Therapy discontinuation due to AEs					
GALAXI 1	35	2 (5.7)	30	1 (3.3)	1.70 [0.16; 17.72]; 0.657
GALAXI 2/3	140	6 (4.3)	140	6 (4.3)	1.01 [0.34; 3.03]; 0.988
Total[d]					1.11 [0.41; 3.00]; 0.839
Infections[p]					
GALAXI 1	35	11 (31.4)	30	13 (43.3)	0.72 [0.38; 1.37]; 0.324
GALAXI 2/3	140	62 (44.3)	140	57 (40.7)	1.09 [0.83; 1.44]; 0.528
Total[d]					1.02 [0.79; 1.31]; 0.900

a. RR, CI and p value at study level: CMH method; stratified according to GALAXI 1: CDAI score at the start of the study (≤ 300 or > 300) and GALAXI 2/3: CDAI score at the start of the study (≤ 300 or > 300), SES-CD score at the start of the study (≤ 12 or > 12) and treatment with corticosteroids at the start of the study (yes/ no); in the endpoint categories of morbidity and health-related quality of life, missing values were replaced by NRI.
b. The results on overall mortality are based on the data on fatal AEs.
c. Predefined as the daily average SF ≤ 3 and the daily average AP ≤ 1 at week 48. At the same time, both values at week 48 may not be worse than at the start of the study. For the corticosteroid-free remission, it was additionally required that the patient had not been treated with corticosteroids for at least 90 days prior to week 48. 69.0% vs 73.1% patients showed a daily average SF ≤ 3 at week 48 in the intervention arm vs comparator arm in GALAXI 1, while 77.9% vs 75.7% patients in GALAXI 2/3. 72.4% vs 84.6% patients showed a daily average AP ≤ 1 at week 48 in the intervention arm vs comparator arm in GALAXI 1, while 72.9% vs 76.4% patients in GALAXI 2/3. No data are available for the relevant sub-population for steroid avoidance for at least 90 days before week 48. Patients in the primary analysis population of the respective study who were treated with oral corticosteroids (including budesonide/ beclomethasone) at the start of

the study showed steroid avoidance for at least 90 days before week 48 as follows (guselkumab vs ustekinumab), GALAXI 1: 67% vs 62%; GALAXI 2: 70% vs 57%; GALAXI 3: 69% vs 72%.

d. Meta-analysis, fixed-effect model (Mantel-Haenszel method); meta-analysis of the pharmaceutical company is not based on the stated study results from the respective CMH evaluation with stratification, but on the unstratified fourfold tables for GALAXI 1 and GALAXI 2/3.
e. An increase in score by ≥ 15% of the scale range compared to the start of the study is considered clinically relevant improvement (scale range: 10 to 70).
f. An increase in score by ≥ 15% of the scale range compared to the start of the study is considered clinically relevant improvement (scale range: 5 to 35).
g. Defined as complete absence of open or draining fistulae at week 48.
h. A decrease in score by ≥ 8.07 points compared to the start of the study is considered as clinically relevant improvement (scale range: 29.4 to 83.2).
i. Meta-analysis, own calculation: fixed-effect model (inverse variance).
j. Defined as any improvement ("very much improved", "much improved", or "slightly improved").
k. Defined as any improvement in symptom severity on a five-point scale ("no symptoms", "mild", "moderate", "severe" and "very severe") compared to the start of study.
l. An increase in score by ≥ 15 points compared to the start of the study is considered as clinically relevant improvement (scale range: 0 to 100).
m. An increase in score by ≥ 15% of the scale range compared to the start of the study is considered clinically relevant improvement (range of the scales: 32 to 224 [total score], 12 to 84 [emotional functioning] and 5 to 35 [social functioning]).
n. An increase in PHS by ≥ 6.12 points and MHS by ≥ 6.42 points compared to the start of the study is considered as clinically relevant improvement. For the PHS and the MHS of the PROMIS-29 v2.0, 7 points is a suitable approximation for a response criterion of 15% of the scale range.
o. Overall rate without disease-related events.
p. Operationalised as infections and infestations (SOC, AEs).

Abbreviations used:
AP: abdominal pain; CDAI: Crohn's Disease Activity Index; CMH: Cochran-Mantel-Haenszel; n.d.: no data available; IBDQ: Inflammatory Bowel Disease Questionnaire; CI: confidence Interval; MHS: Mental Health Summary Score; n: number of patients with (at least 1) event; N: number of patients evaluated; NRI: non-response imputation; PGIC: Patient Global Impression of Change; PGIS: Patient Global Impression of Severity; PHS: Physical Health Summary Score; PRO2: Patient-Reported Outcome 2; PROMIS: Patient-Reported Outcomes Measurement Information System; RCT: randomised controlled trial; RR: relative risk; SES-CD: Simple Endoscopic Score for Crohn's Disease; SF: Stool frequency; SF 7a: Short Form 7a; SOC: system organ class; SAE: serious adverse event; AE: adverse event; VAS: visual analogue scale; WPAI-CD: Work Productivity and Activity Impairment Questionnaire Crohn's Disease

b) Adults with moderately to severely active Crohn's disease who have had an inadequate response, lost response or were intolerant to a biologic agent (TNF-α antagonist or integrin inhibitor or interleukin inhibitor)

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 the endpoints of corticosteroid-free remission, symptomatology and activity impairment.
Health-related quality of life	↑↑	Advantage in the IBDQ total score.
Side effects	↔	No relevant differences for the benefit assessment.
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		

GALAXI 1 and GALAXI 2/3 studies: double-blind, multicentre, RCTs, guselkumab vs ustekinumab

Mortality (until week 48)

Endpoint	Guselkumab		Ustekinumab		Guselkumab vs ustekinumab
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI] p value[a]
Overall mortality[b]					
GALAXI 1	38	0 (0)	41	0 (0)	–
GALAXI 2/3	157	0 (0)	160	0 (0)	–
Total					–

Morbidity (until week 48)

Endpoint	Guselkumab		Ustekinumab		Guselkumab vs ustekinumab
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI] p value
Corticosteroid-free remission (PRO2)[c]					
GALAXI 1	32	17 (53.1)	37	15 (40.5)	1.34 [0.76; 2.34]; 0.311
GALAXI 2/3	157	87 (55.4)	160	73 (45.6)	1.21 [0.97; 1.50]; 0.085
Total[d]					1.23 [1.01; 1.50]; 0.044
Remission (PRO2)[c]					
GALAXI 1	32	17 (53.1)	37	15 (40.5)	1.31 [0.79; 2.19]; 0.294
GALAXI 2/3	157	91 (58.0)	160	81 (50.6)	1.14 [0.93; 1.40]; 0.197
Total[d]					1.17 [0.97; 1.41]; 0.104
Bowel symptoms (IBDQ – improvement)[e]					
GALAXI 1	32	19 (59.4)	37	23 (62.2)	0.95 [0.65; 1.40]; 0.808
GALAXI 2/3	157	101 (64.3)	160	84 (52.5)	1.22 [1.01; 1.47]; 0.043
Total[d]					1.17 [0.99; 1.38]; 0.067
Systemic symptoms (IBDQ – improvement)[f]					
GALAXI 1	32	18 (56.3)	37	22 (59.5)	0.95 [0.63; 1.43]; 0.790
GALAXI 2/3	157	89 (56.7)	160	83 (51.9)	1.09 [0.89; 1.33]; 0.429
Total[d]					1.06 [0.89; 1.27]; 0.505
Fistula-free status[g]					
GALAXI 1	32	22 (68.8)	37	25 (67.6)	1.02 [0.73; 1.42]; 0.919
GALAXI 2/3	157	117 (74.5)	160	117 (73.1)	1.02 [0.89; 1.16]; 0.802
Total[d]					1.02 [0.90; 1.15]; 0.764

Fatigue (PROMIS Fatigue SF 7a – improvement)[h]					
GALAXI 1 (improvement by ≥ 8.07 points)	32	14 (43.8)	37	14 (37.8)	1.15 [0.65; 2.05]; 0.632
GALAXI 2/3 (improvement by ≥ 9 points)	157	60 (38.2)	160	47 (29.4)	1.30 [0.95; 1.78]; 0.101
Total					1.26 [0.96; 1.66]; 0.096[i]
Symptomatology – improvement					
PGIC[j]					
GALAXI 1	32	24 (75.0)	37	23 (62.2)	1.21 [0.88; 1.67]; 0.245
GALAXI 2/3	157	120 (76.4)	160	101 (63.1)	1.21 [1.04; 1.40]; 0.013
Total[d]					1.21 [1.06; 1.38]; 0.005
PGIS[k]					
GALAXI 1	32	20 (62.5)	37	18 (48.6)	1.28 [0.84; 1.97]; 0.251
GALAXI 2/3	157	101 (64.3)	160	73 (45.6)	1.40 [1.13; 1.72]; 0.002
Total[d]					1.39 [1.15; 1.67]; 0.001
Health status (EQ-5D-VAS – improvement)[l]					
GALAXI 1	32	19 (59.4)	37	20 (54.1)	1.10 [0.72; 1.67]; 0.659
GALAXI 2/3	157	83 (52.9)	160	79 (49.4)	1.07 [0.86; 1.33]; 0.544
Total[d]					1.08 [0.89; 1.30]; 0.453
Activity impairment (WPAI-CD item 6)[q]					
GALAXI 1	32	22 (68.8)	37	20 (54.1)	1.27 [0.87; 1.86]; 0.214
GALAXI 2/3	157	96 (61.1)	160	83 (51.9)	1.17 [0.97; 1.43]; 0.107
Total[d]					1.20 [1.01; 1.42]; 0.043

Health-related quality of life (at week 48)

Endpoint	Guselkumab		Ustekinumab		Guselkumab vs ustekinumab
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI] p value
IBDQ total score – improvement[m]					
GALAXI 1	32	20 (62.5)	37	22 (59.5)	1.05 [0.72; 1.53]; 0.802
GALAXI 2/3	157	97 (61.8)	160	76 (47.5)	1.29 [1.05; 1.59]; 0.015
Total[d]					1.25 [1.04; 1.49]; 0.016
Bowel symptoms[e]					
GALAXI 1	32	19 (59.4)	37	23 (62.2)	0.95 [0.65; 1.40]; –
GALAXI 2/3	157	101 (64.3)	160	84 (52.5)	1.22 [1.01; 1.47]; –
Total[d]					1.17 [0.99; 1.38]; –
Systemic symptoms[f]					
GALAXI 1	32	18 (56.3)	37	22 (59.5)	0.95 [0.63; 1.43]; –
GALAXI 2/3	157	89 (56.7)	160	83 (51.9)	1.09 [0.89; 1.33]; –
Total[d]					1.06 [0.89; 1.27]; –
Emotional functioning[n]					
GALAXI 1	32	17 (53.1)	37	23 (62.2)	0.85 [0.56; 1.29]; –
GALAXI 2/3	157	87 (55.4)	160	65 (40.6)	1.36 [1.08; 1.73]; –
Total[d]					1.24 [1.01; 1.52]; –
Social functioning[n]					
GALAXI 1	32	20 (62.5)	37	23 (62.2)	1.00 [0.69; 1.46]; –
GALAXI 2/3	157	96 (61.1)	160	78 (48.8)	1.24 [1.02; 1.52]; –
Total[d]					1.20 [1.01; 1.43]; –
PROMIS-29 – Improvement[n]					
Physical Health Summary (PHS) score					
GALAXI 1	No suitable data[m]				
GALAXI 2/3	157	57 (36.3)	160	56 (35.0)	1.04 [0.77; 1.41]; 0.810
Mental Health Summary (MHS) score					
GALAXI 1	No suitable data[m]				

GALAXI 2/3	157	73 (46.5)	160	61 (38.1)	1.22 [0.93; 1.58]; 0.150
Physical functioning					
GALAXI 1 (improvement by ≥ 5.10 points)	32	12 (37.5)	37	11 (29.7)	1.25 [0.65; 2.42]; –
GALAXI 2/3 (improvement by ≥ 7 points)	157	55 (35.0)	160	52 (32.5)	1.08 [0.79; 1.48]; –
Anxiety					
GALAXI 1 (improvement by ≥ 6.20 points)	32	8 (25.0)	37	16 (43.2)	0.58 [0.28; 1.17]; –
GALAXI 2/3 (improvement by ≥ 7 points)	157	53 (33.8)	160	55 (34.4)	0.98 [0.72; 1.34]; –
Depressiveness					
GALAXI 1 (improvement by ≥ 5.76 points)	32	11 (34.4)	37	17 (45.9)	0.75 [0.41; 1.36]; –
GALAXI 2/3 (improvement by ≥ 7 points)	157	49 (31.2)	160	44 (27.5)	1.14 [0.81; 1.60]; –
Exhaustion					
GALAXI 1 (improvement by ≥ 6.32 points)	32	20 (62.5)	37	18 (48.6)	1.29 [0.84; 1.98]; –
GALAXI 2/3 (improvement by ≥ 7 points)	157	71 (45.2)	160	61 (38.1)	1.18 [0.91; 1.54]; –
Sleep impairment					
GALAXI 1 (improvement by ≥ 6.20 points)	32	11 (34.4)	37	12 (32.4)	1.06 [0.54; 2.08]; –
GALAXI 2/3 (improvement by ≥ 7 points)	157	40 (25.5)	160	41 (25.6)	1.00 [0.68; 1.46]; –
Participation in social roles and activities					
GALAXI 1 (improvement by ≥ 5.51 points)	32	14 (43.8)	37	20 (54.1)	0.81 [0.49; 1.34]; –
GALAXI 2/3 (improvement by ≥ 7 points)	157	64 (40.8)	160	60 (37.5)	1.08 [0.82; 1.43]; –

Impairment due to pain					
GALAXI 1 (improvement by ≥ 5.10 points)	32	18 (56.3)	37	20 (54.1)	1.04 [0.68; 1.58]; –
GALAXI 2/3 (improvement by ≥ 7 points)	157	76 (48.4)	160	71 (44.4)	1.09 [0.85; 1.39]; –
Pain severity					
GALAXI 1 (improvement by ≥ 3 points)	32	16 (50.0)	37	18 (48.6)	1.03 [0.62; 1.68]; –
GALAXI 2/3 (improvement by ≥ 3 points)	157	82 (52.2)	160	70 (43.8)	1.19 [0.94; 1.50]; –
Total[d]					1.16 [0.94; 1.43]; –

Side effects (until week 48)[o]

Endpoint	**Guselkumab**		**Ustekinumab**		**Guselkumab vs ustekinumab**
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI] p value
Total adverse events (AEs) *(presented additionally)*					
GALAXI 1	38	28 (73.7)	41	32 (78.0)	–
GALAXI 2/3	156	117 (75.0)	160	120 (75.0)	–
Serious adverse events (SAE)					
GALAXI 1	38	3 (7.9)	41	4 (9.8)	0.78 [0.19; 3.21]; 0.734
GALAXI 2/3	156	12 (7.7)	160	17 (10.6)	0.72 [0.35; 1.48]; 0.379
Total					0.91 [0.45; 1.83]; 0.788
Therapy discontinuation due to AEs					
GALAXI 1	38	1 (2.6)	41	1 (2.4)	1.00 [0.07; 14.85]; 1.000
GALAXI 2/3	156	9 (5.8)	160	7 (4.4)	1.38 [0.53; 3.56]; 0.512
Total[d]					1.11 [0.41; 3.00]; 0.839

Infections[p]					
GALAXI 1	38	12 (31.6)	41	13 (31.7)	0.98 [0.52; 1.88]; 0.962
GALAXI 2/3	156	65 (41.7)	160	69 (43.1)	0.97 [0.76; 1.26]; 0.844
Total[d]					1.02 [0.79; 1.31]; 0.900

a. RR, CI and p value at study level: CMH method; stratified according to GALAXI 1: CDAI score at the start of the study (≤ 300 or > 300) and GALAXI 2/3: CDAI score at the start of the study (≤ 300 or > 300), SES-CD score at the start of the study (≤ 12 or > 12) and treatment with corticosteroids at the start of the study (yes/ no); in the endpoint categories of morbidity and health-related quality of life, missing values were replaced by NRI.
b. The results on overall mortality are based on the data on fatal AEs.
c. Predefined as the daily average SF ≤ 3 and the daily average AP ≤ 1 at week 48. At the same time, both values at week 48 may not be worse than at the start of the study. For the corticosteroid-free remission, the patient must not have been treated with corticosteroids for at least 90 days prior to week 48. 62.5% vs 56.8% patients showed a daily average SF ≤ 3 at week 48 in the intervention arm vs comparator arm in GALAXI 1, while 71.3% vs 61.9% patients in GALAXI 2/3. 75.0% vs 48.6% patients showed a daily average AP ≤ 1 at week 48 in the intervention arm vs comparator arm in GALAXI 1, while 65.0% vs 62.5% patients in GALAXI 2/3. No data are available for the relevant sub-population for steroid avoidance for at least 90 days before week 48. Patients in the primary analysis population of the respective study who were treated with oral corticosteroids (including budesonide/ beclomethasone) at the start of the study showed steroid avoidance for at least 90 days before week 48 as follows (guselkumab vs ustekinumab), GALAXI 1: 67% vs 62%; GALAXI 2: 70% vs 57%; GALAXI 3: 69% vs 72%.
d. Meta-analysis, fixed-effect model (Mantel-Haenszel method); meta-analysis of the pharmaceutical company is not based on the stated study results from the respective CMH evaluation with stratification, but on the unstratified fourfold tables for GALAXI 1 and GALAXI 2/3.
e. An increase in score by ≥ 9 points compared to the start of the study is considered as clinically relevant improvement (scale range: 10 to 70).
f. An increase in score by ≥ 4.5 points compared to the start of the study is considered as clinically relevant improvement (scale range: 5 to 35).
g. Defined as complete absence of open or draining fistulae at week 48.
h. A decrease in score by ≥ 8.07 points compared to the start of the study is considered as clinically relevant improvement (scale range: 29.4 to 83.2).
i. Meta-analysis, own calculation: fixed-effect model (inverse variance).
j. Defined as any improvement ("very much improved", "much improved", or "slightly improved").
k. Defined as any improvement in symptom severity on a five-point scale ("no symptoms", "mild", "moderate", "severe" and "very severe") compared to the start of study.
l. An increase in score by ≥ 15 points compared to the start of the study is considered as clinically relevant improvement (scale range: 0 to 100).
m. An increase in score by ≥ 15% of the scale range compared to the start of the study is considered clinically relevant improvement (range of the scales: 32 to 224 [total score], 12 to 84 [emotional functioning] and 5 to 35 [social functioning]).
n. An increase in PHS by ≥ 6.12 points and MHS by ≥ 6.42 points compared to the start of the study is considered as clinically relevant improvement. For the PHS and the MHS of the PROMIS-29 v2.0, 7 points is a suitable approximation for a response criterion of 15% of the scale range.
o. Overall rate without disease-related events.
p. Operationalised as infections and infestations (SOC, AEs).
q. A decrease in score by ≥ 15% of the scale range compared to the start of the study is considered clinically relevant improvement (scale range: 0 to 10).

Abbreviations used:
AP: abdominal pain; CDAI: Crohn's Disease Activity Index; CMH: Cochran-Mantel-Haenszel; n.d.: no data available; IBDQ: Inflammatory Bowel Disease Questionnaire; CI: confidence Interval; MHS: Mental Health Summary Score; n: number of patients with (at least 1) event; N: number of patients evaluated; NRI: non-response imputation; PGIC: Patient Global Impression of Change; PGIS: Patient Global Impression of Severity; PHS: Physical Health Summary Score; PRO2: Patient-Reported Outcome 2; PROMIS: Patient-Reported

Outcomes Measurement Information System; RCT: randomised controlled trial; RR: relative risk; SES-CD: Simple Endoscopic Score for Crohn's Disease; SF: Stool frequency; SF 7a: Short Form 7a; SOC: system organ class; SAE: serious adverse event; AE: adverse event; VAS: visual analogue scale; WPAI-CD: Work Productivity and Activity Impairment Questionnaire Crohn's Disease

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

a) Adults with moderately to severely active Crohn's disease who have had an inadequate response, lost response or were intolerant to conventional therapy

Approx. 7,300 – 41,700 patients

b) Adults with moderately to severely active Crohn's disease who have had an inadequate response, lost response or were intolerant to a biologic agent (TNF-α antagonist or integrin inhibitor or interleukin inhibitor)

Approx. 5,300 – 36,600 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 Tremfya (active ingredient: guselkumab) at the following publicly accessible link (last access: 26 September 2025):

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

Treatment with guselkumab should only be initiated and monitored by specialists who are experienced in the treatment of patients with Crohn's disease.

4. Treatment costs

Annual treatment costs:

a) Adults with moderately to severely active Crohn's disease who have had an inadequate response, lost response or were intolerant to conventional therapy

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Guselkumab	€ 17,290.10
Appropriate comparator therapy:	
Adalimumab Additionally required SHI services: Total:	€ 12,193.92 € 10.49 € 12,204.41
Infliximab Additionally required SHI services: Total:	€ 16898.75 € 10.49 € 16888.26
Risankizumab	€ 19,003.99
Ustekinumab	€ 11798.81
Vedolizumab	€ 14,783.13

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

b) Adults with moderately to severely active Crohn's disease who have had an inadequate response, lost response or were intolerant to a biologic agent (TNF-α antagonist or integrin inhibitor or interleukin inhibitor)

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Guselkumab	€ 17,290.10
Appropriate comparator therapy:	
Adalimumab Additionally required SHI services: Total:	€ 12,193.92 € 10.49 € 12,204.41
Infliximab Additionally required SHI services: Total:	€ 16898.75 € 10.49 € 16888.26
Risankizumab	€ 19,003.99
Upadacitinib Additionally required SHI services: Total:	€ 14,166.34 - € 18,079.83 € 10.49 € 14,176.83 - € 18,079.83
Ustekinumab	€ 11798.81
Vedolizumab	€ 14,783.13

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

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 moderately to severely active Crohn's disease who have had an inadequate response, lost response or were intolerant to conventional therapy

– 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) Adults with moderately to severely active Crohn's disease who have had an inadequate response, lost response or were intolerant to a biologic agent (TNF-α antagonist or integrin inhibitor or interleukin inhibitor)

– 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 20 November 2025.

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

Berlin, 20 November 2025

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

Prof. Hecken