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 and Annex XIIa – Combinations of Medicinal Products with New Active Ingredients according to Section 35a SGB V
Darolutamide (new therapeutic indication: metastatic hormone-sensitive prostate cancer, in combination with androgen deprivation therapy)

of 19 February 2026

At their session on 19 February 2026, 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 Darolutamide in accordance with the resolution of 21 September 2023:

Darolutamide

Resolution of: 19 February 2026
Entry into force on: 19 February 2026
Federal Gazette, BAnz AT DD. MM YYYY Bx

New therapeutic indication (according to the marketing authorisation of 17 July 2025):

Nubeqa is indicated for the treatment of adult men with metastatic hormone-sensitive prostate cancer (mHSPC) in combination with androgen deprivation therapy.

Therapeutic indication of the resolution (resolution of 19 February 2026):

See new therapeutic indication according to marketing authorisation.

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

Adult men with metastatic hormone-sensitive prostate cancer (mHSPC)

Appropriate comparator therapy:

- Conventional androgen deprivation in combination with apalutamide

  or

- conventional androgen deprivation in combination with enzalutamide

  or

- conventional androgen deprivation in combination with abiraterone acetate and prednisone or prednisolone (only for patients with newly diagnosed, high-risk prostate cancer)

  or

- conventional androgen deprivation in combination with darolutamide and docetaxel

Extent and probability of the additional benefit of darolutamide in combination with androgen deprivation therapy compared to androgen deprivation in combination with apalutamide:

An additional benefit is not proven.

Study results according to endpoints:[1]

Adult men with metastatic hormone-sensitive prostate cancer (mHSPC)

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	↔	No relevant difference for the benefit assessment.
Morbidity	n.a.	There are no assessable data.
Health-related quality of life	n.a.	There are no assessable data.
Side effects	↔	No relevant difference 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		

Adjusted indirect comparison according to Bucher of darolutamide + androgen deprivation therapy (ADT) vs apalutamide + ADT via the bridge comparator of placebo + ADT

- ARANOTE study: Darolutamide + ADT vs placebo + ADT
- TITAN study: Apalutamide + ADT vs placebo + ADT

Mortality

Endpoint	Darolutamide + ADT or Apalutamide + ADT		Placebo + ADT (bridge comparator)		Group difference
	N	Time to event in months [95% CI] *Patients with event n (%)*	N	Time to event in months [95% CI] *Patients with event n (%)*	Effect estimator [95% CI] p value Absolute difference (AD)[a]
Overall survival					
Darolutamide + ADT vs placebo + ADT					
	446	n.r. 103 (23.1)	223	n.r. [33.8; n.c.] 60 (26.9)	0.81 [0.59; 1.12] 0.201

[1] Data from the dossier assessment of the Institute for Quality and Efficiency in Health Care (IQWiG) (A25-106), unless otherwise indicated.

Endpoint	Darolutamide + ADT or Apalutamide + ADT		Placebo + ADT (bridge comparator)		Group difference
	N	Time to event in months [95% CI] *Patients with event n (%)*	N	Time to event in months [95% CI] *Patients with event n (%)*	Effect estimator [95% CI] p value Absolute difference (AD)[a]
Apalutamide + ADT vs placebo + ADT					
	525	n.r. 83 (15.8)	527	n.r. 117 (22.2)	0.67 [0.51; 0.89] 0.005
Adjusted indirect comparison: Darolutamide + ADT vs apalutamide + ADT					1.21 [0.79; 1.86] 0.375

Morbidity

Endpoint	Darolutamide + ADT or Apalutamide + ADT		Placebo + ADT (bridge comparator)		Group difference
	N	Time to event in months [95% CI] *Patients with event n (%)*	N	Time to event in months [95% CI] *Patients with event n (%)*	Effect estimator [95% CI] p value Absolute difference (AD)[a]
Worst pain (BPI-SF item 3)					
No suitable data for indirect comparison					
Impairment due to pain (BPI-SF item 9a–9g)[b]					
Darolutamide + ADT vs placebo + ADT					
	446	n.r. [33.0; n.c.] 132 (29.6)	223	26.9 [17.5; n.c.] 91 (40.8)	0.64 [0.49; 0.83] < 0.001
Apalutamide + ADT vs placebo + ADT					
	525	n.r. 91 (17.3)	527	n.r. 106 (20.1)	0.84 [0.63; 1.11] 0.213
Adjusted indirect comparison: Darolutamide + ADT vs apalutamide + ADT					-[c]
Symptomatic skeletal events[d]					
No suitable data for indirect comparison					

Endpoint	Darolutamide + ADT or Apalutamide + ADT		Placebo + ADT (bridge comparator)		Group difference
	N	Time to event in months [95% CI] *Patients with event n (%)*	N	Time to event in months [95% CI] *Patients with event n (%)*	Effect estimator [95% CI] p value Absolute difference (AD)[a]
Fatigue (BFI)					
No suitable data for indirect comparison					
Health status (EQ-5D VAS)					
No suitable data for indirect comparison					

Health-related quality of life

Endpoint	Darolutamide + ADT or Apalutamide + ADT		Placebo + ADT (bridge comparator)		Group difference
	N	Time to event in months [95% CI] *Patients with event n (%)*	N	Time to event in months [95% CI] *Patients with event n (%)*	Effect estimator [95% CI] p value Absolute difference (AD)[a]
FACT-P					
No suitable data for indirect comparison					

Side effects

Endpoint	Darolutamide + ADT or Apalutamide + ADT		Placebo + ADT (bridge comparator)		Group difference
	N	Time to event in months [95% CI] *Patients with event n (%)*	N	Time to event in months [95% CI] *Patients with event n (%)*	Effect estimator [95% CI] p value Absolute difference (AD)[a]
Total adverse events (presented additionally)					
Darolutamide + ADT vs placebo + ADT					
	445	3.7 [2.9; 5.0] 405 (91.0)	221	3.3 [2.8; 5.2] 199 (90.0)	–
Apalutamide + ADT vs placebo + ADT					
	524	1.0 [1.0; 1.3] 507 (96.8)	527	1.7 [1.4; 1.9] 509 (96.6)	–
Serious adverse events (SAEs)					
Darolutamide + ADT vs placebo + ADT					
	445	n.r. 105 (23.6)	221	n.r. 52 (23.5)	0.90 [0.64; 1.25] 0.524
Apalutamide + ADT vs placebo + ADT					
	524	n.r. 104 (19.8)	527	n.r. 107 (20.3)	0.91 [0.70; 1.20] 0.516
Adjusted indirect comparison: Darolutamide + ADT vs apalutamide + ADT					0.99 [0.64; 1.52] 0.950
Severe adverse events (CTCAE grade ≥ 3)					
Darolutamide + ADT vs placebo + ADT					
	445	n.r. 158 (35.5)	221	n.r. [26.6; n.c.] 79 (35.7)	0.90 [0.69; 1.18] 0.449
Apalutamide + ADT vs placebo + ADT					
	524	n.r. [23.5; n.c.] 223 (42.6)	527	n.r. [20.3; n.c.] 222 (42.1)	0.99 [0.83; 1.20] 0.961
Adjusted indirect comparison: Darolutamide + ADT vs apalutamide + ADT					0.91 [0.65; 1.27]

Endpoint	Darolutamide + ADT or Apalutamide + ADT		Placebo + ADT (bridge comparator)		Group difference
	N	Time to event in months [95% CI] *Patients with event n (%)*	N	Time to event in months [95% CI] *Patients with event n (%)*	Effect estimator [95% CI] p value Absolute difference (AD)[a]
					0.577
Therapy discontinuation due to adverse events					
Darolutamide + ADT vs placebo + ADT					
	445	n.r. 27 (6.1)	221	n.r. 20 (9.0)	0.58 [0.32; 1.03] 0.060
Apalutamide + ADT vs placebo + ADT					
	524	n.r. 42 (8.0)	527	n.r. 28 (5.3)	1.41 [0.87; 2.27] 0.162
Adjusted indirect comparison: Darolutamide + ADT vs apalutamide + ADT					–
Specific adverse events[e]					
Fall (PT, AE)					
Darolutamide + ADT vs placebo + ADT					
	445	n.r. 5 (1.1)	221	n.r. 2 (0.9)	1.11 [0.21; 5.71] 0.904
Apalutamide + ADT vs placebo + ADT					
	524	n.r. 39 (7.4)	527	n.r. 37 (7.0)	0.90 [0.57; 1.42] 0.658
Adjusted indirect comparison: Darolutamide + ADT vs apalutamide + ADT					1.23 [0.22; 6.75] 0.8128[f]

[a] Indication of absolute difference (AD) only in case of statistically significant difference; own calculation
[b] Time to 1st deterioration. An increase by ≥ 2 points compared to the start of the study is considered as clinically relevant deterioration (scale range: 0 to 10).
[c] The reliability of data requirement for carrying out an adjusted indirect comparison is not met.
[d] Defined in the ARANOTE study as: Performing external beam radiation therapy (EBRT) to alleviate skeletal symptoms, new symptomatic pathological fractures, occurrence of spinal cord compression or tumour-related orthopaedic surgical intervention; defined in the TITAN study as the performance of bone irradiation, new symptomatic pathological fracture, occurrence of spinal cord compression or surgical intervention on the bone.
[e] Selection according to the IQWiG methodology; selection based on the events that occurred in the study on the

Endpoint	Darolutamide + ADT or Apalutamide + ADT		Placebo + ADT (bridge comparator)		Group difference
	N	Time to event in months [95% CI] *Patients with event n (%)*	N	Time to event in months [95% CI] *Patients with event n (%)*	Effect estimator [95% CI] p value Absolute difference (AD)[a]
basis of frequency and differences between the treatment arms, and taking into account the patient relevance. [f] Data from Module 4A of the pharmaceutical company dated 12.08.2025. Abbreviations used: AD = absolute difference; CTCAE = Common Terminology Criteria for Adverse Events; HR = hazard ratio; CI = confidence interval; N = number of patients evaluated; n = number of patients with (at least one) event; n.c. = not calculable; n.r. = not reached; vs = versus					

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

Adult men with metastatic hormone-sensitive prostate cancer (mHSPC)

Approx. 2,590 – 3,640 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 Nubeqa (active ingredient: darolutamide) at the following publicly accessible link (last access: 22 January 2026):

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

Treatment with darolutamide should only be initiated and monitored by specialists in internal medicine, haematology, oncology and urology who are experienced in the treatment of patients with prostate cancer, and other doctors from other specialist groups participating in the Oncology Agreement.

Medicinal castration with a GnRH agonist or antagonist should be continued during the treatment of patients who have not been surgically castrated.

4. Treatment costs

Annual treatment costs:

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Darolutamide in combination with ADT	
Darolutamide	€ 45,945.94
GnRH agonist/ GnRH antagonist Orchiectomy	€ 1,284.16 - € 2,390.16 € 4,583.59
Total	€ 47,230.10 - € 50,529.53
Appropriate comparator therapy:	
Conventional androgen deprivation in combination with apalutamide	
GnRH agonist/ GnRH antagonist Orchiectomy	€ 1,284.16 - € 2,390.16 € 4,583.59
Apalutamide	€ 34,924.37
Total	€ 36,208.53 - € 39,507.96
Conventional androgen deprivation in combination with enzalutamide	
GnRH agonist/ GnRH antagonist Orchiectomy	€ 1,284.16 - € 2,390.16 € 4,583.59
Enzalutamide	€ 40,690.07
Total	€ 41,974.23 - € 45,273.66
Conventional androgen deprivation in combination with abiraterone acetate and prednisone or prednisolone	
GnRH agonist/ GnRH antagonist Orchiectomy	€ 1,284.16 - € 2,390.16 € 4,583.59
Abiraterone acetate	€ 1,825.13
Prednisone or prednisolone	€ 48.65 - € 53.07
Total	€ 3,157.94 - € 6,461.79
Conventional androgen deprivation in combination with darolutamide and docetaxel	
GnRH agonist/ GnRH antagonist Orchiectomy	€ 1,284.16 - € 2,390.16 € 4,583.59
Darolutamide	€ 45,945.94
Docetaxel	€ 2,940.42
If applicable, prednisone or prednisolone	€ 39.99 - € 43.62
Total	€ 50,170.52 - € 53,513.57

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

Costs for additionally required SHI services: not applicable

Other SHI services:

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Appropriate comparator therapy					
Conventional androgen deprivation in combination with darolutamide and docetaxel					
Docetaxel	Surcharge for production of a parenteral, cytostatic solution	€ 100	1	6	€ 600

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:

Adult men with metastatic hormone-sensitive prostate cancer (mHSPC)

The following medicinal products with new active ingredients that can be used in a combination therapy with darolutamide in the therapeutic indication of the resolution on the basis of the marketing authorisation under Medicinal Products Act are named (active ingredients and invented names) in accordance with Section 35a, paragraph 3, sentence 4 SGB V:

– Relugolix (Orgovyx).

II. **In Annex XIIa of the Pharmaceuticals Directive, the following information shall be added in alphabetical order:**

"Active ingredient of the assessed medicinal product

Darolutamide

Resolution according to Section 35a paragraph 3 SGB V from

19 February 2026

Therapeutic indication of the resolution

Nubeqa is indicated for the treatment of adult men with metastatic hormone-sensitive prostate cancer (mHSPC) in combination with androgen deprivation therapy.

Patient group

Adult men with metastatic hormone-sensitive prostate cancer (mHSPC)

Naming of medicinal products with new active ingredients according to Section 35a, paragraph 3, sentence 4 SGB V (active ingredients and invented names[2])

Relugolix (Orgovyx).

Period of validity of the designation (since... or from... to)

Since 19 February 2026

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.

III. The resolution will enter into force on the day of its publication on the website of the G-BA on 19 February 2026.

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

Berlin, 19 February 2026

Federal Joint Committee
in accordance with Section 91 SGB V
The Chair

Prof. Hecken