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
Vorasidenib (Grade 2 astrocytoma or oligodendroglioma with an IDH1 R132 or IDH2 R172 mutation, following surgical intervention, ≥ 12 years ≥ 40 kg)

dated 7 May 2026

At their session on 7 May 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, information on the active ingredient Vorasidenib shall be added in alphabetical order as follows:

Vorasidenib

Resolution of: 7 May 2026
Entry into force on: 7 May 2026
Federal Gazette, BAnz AT DD. MM YYYY Bx

Therapeutic indication (according to the marketing authorisation of 17 September 2025):

Voranigo as monotherapy is indicated for the treatment of predominantly non-enhancing Grade 2 astrocytoma or oligodendroglioma with an IDH1 R132 or IDH2 R172 mutation in adult and adolescent patients aged 12 years and older and weighing at least 40 kg who only had surgical intervention and are not in immediate need of radiotherapy or chemotherapy.

Therapeutic indication of the resolution (resolution of 7 May 2026):

See therapeutic indication according to marketing authorisation.

1. Extent of the additional benefit and significance of the evidence

Vorasidenib is approved as a medicinal product for the treatment of rare diseases under Regulation (EC) No. 141/2000 of the European Parliament and the Council of 16 December 1999 on orphan drugs. In accordance with Section 35a, paragraph 1, sentence 11, 1st half of the sentence SGB V, the additional medical benefit is considered to be proven through the grant of the marketing authorisation.

The G-BA determine the extent of the additional benefit for the number of patients and patient groups for which there is a therapeutically significant additional benefit in accordance with Chapter 5 Section 12, paragraph 1, number 1, sentence 2 of their Rules of Procedure (VerfO) in conjunction with Section 5, paragraph 8 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV), indicating the significance of the evidence. This quantification of the additional benefit is based on the criteria laid out in Chapter 5 Section 5, paragraph 7, numbers 1 to 4 of the Rules of Procedure (VerfO).

Adults and adolescents aged 12 years and older and weighing at least 40 kg with predominantly non-enhancing Grade 2 astrocytoma or oligodendroglioma with an IDH1 R132 or IDH2 R172 mutation who only had surgical intervention and are not in immediate need of radiotherapy or chemotherapy

Extent of the additional benefit and significance of the evidence of vorasidenib:

Hint for a non-quantifiable additional benefit since the scientific data does not allow quantification.

Study results according to endpoints:[1]

Adults and adolescents aged 12 years and older and weighing at least 40 kg with predominantly non-enhancing Grade 2 astrocytoma or oligodendroglioma with an IDH1 R132 or IDH2 R172 mutation who only had surgical intervention and are not in immediate need of radiotherapy or chemotherapy

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	↑	Advantage in the endpoint of epileptic seizures
Health-related quality of life	↔	No relevant difference for the benefit assessment.
Side effects	↓↓	Disadvantage in severe AEs
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		

INDIGO study (AG881-C-004)

- Phase III RCT, double-blind, ongoing; vorasidenib versus placebo
- Data cut-off: 3rd data cut-off from 7 March 2023

Mortality[2]

Endpoint	Vorasidenib		Placebo		Vorasidenib vs placebo
	N	*Patients with event n (%)*	N	*Patients with event n (%)*	*Effect estimator*
Overall survival					
	168	*1 (0.6)*	163	*0 (0)*	n.d.[a]

[1] Data from the dossier assessment of the G-BA (published on 16 February 2026), and from the amendment to the dossier assessment from 10 April 2026, unless otherwise indicated.
[2] Data cut-off from 7 March 2023

Morbidity[2]

Endpoint	Vorasidenib		Placebo		Vorasidenib vs placebo
	N	Median time to event in months [95% CI] *Patients with event n (%)*	N	Median time to event in months [95% CI] *Patients with event n (%)*	HR [95% CI] p value[b]
Progression-free survival[3] (according to modified RANO-LGG – radiological assessment by blinded, independent review)[c]					
	168	n.a. [22.1; n.a.] *54 (32.1)*	163	11.4 [11.1; 13.9] *104 (63.8)*	0.35 [0.25; 0.49] < 0.001
Symptomatology (PGI-S)					
No suitable data available.					
Symptomatology (PGI-F)					
No suitable data available.					
Health status (EQ-5D-VAS) (time to first deterioration)[d]					
	168	n.a. [n.a.; n.a.] *39 (23.2)*	163	n.a. [n.a.; n.a.] *31 (19.0)*	1.17 [0.73; 1.89] 0.51
Endpoint	**Vorasidenib**		**Placebo**		**Vorasidenib vs placebo**
	N	Rate of epileptic seizures per subject-year [95% CI][e] *Patients with event n (%)*	N	Rate of epileptic seizures per subject-year [95% CI][e] *Patients with event n (%)*	Rate ratio [95% CI][e] p value
Epileptic seizures					
Rate of epileptic seizures per subject-year[3]	168	4.4 [2.0; 9.4] *53 (31.5)*	163	12.5 [5.5; 28.4] *55 (33.7)*	0.35 [0.12; 0.99] 0.047
Endpoint	**Vorasidenib**		**Placebo**		**Vorasidenib vs placebo**
Tumour volume (percentage change at cycle 13; radiological assessment by a blinded, independent review); presented additionally					

[3] Data on vorasidenib from Module 4 of the pharmaceutical company dated 10.11.2025 as of the data cut-off from 7 March 2023.

	N	Mean value (SD) *n (%)*	N	Mean value (SD) *n (%)*	
Tumour volume at baseline (mm^3)	168	16,204.4 (29,544.8) *167 (99.4)*	163	12,819.3 (15,669.5) *163 (100)*	-
		LS mean (SE)[f] [%] *n (%)*		LS mean (SE)[f] [%] *n (%)*	LS mean difference [95% CI][f] [%] p value
Average percentage change from baseline to cycle 13	168	0 (3.28) *137 (81.5)*	163	36.4 (3.34) *120 (73.6)*	-36.4 [-44.7; -28.1] < 0.0001

Health-related quality of life[2]

Endpoint	**Vorasidenib**		**Placebo**		**Vorasidenib vs placebo**
	N	Median time to event in months [95% CI] *Patients with event n (%)*	N	Median time to event in months [95% CI] *Patients with event n (%)*	HR [95% CI] p value[b]
FACT-Br (time to first deterioration)[g]					
FACT-Br total score	156	n.a. [n.a.; n.a.] *19 (11.3)*	143	n.a. [n.a.; n.a.] *20 (12.3)*	0.74 [0.39; 1.41] 0.36
FACT-G	156	n.a. [n.a.; n.a.] *30 (17.9)*	143	n.a. [n.a.; n.a.] *29 (17.8)*	0.82 [0.49; 1.37] 0.44
FACT-BrS	156	n.a. [n.a.; n.a.] *14 (8.3)*	143	n.a. [n.a.; n.a.] *21 (12.9)*	0.54 [0.27; 1.08] 0.08

Side effects[2]

Endpoint	Vorasidenib		Placebo		Vorasidenib vs placebo
	N	Median time to event in months [95% CI] *Patients with event n (%)*	N	Median time to event in months [95% CI] *Patients with event n (%)*	HR [95% CI] p value[b]
Adverse events without disease-related events					
Total adverse events (presented additionally)	167	0.53 [0.49; 0.92] *160 (95.8)*	163	0.92 [0.62; 1.28] *153 (93.9)*	-
Serious adverse events (SAEs)	167	n.a. [n.a.; n.a.] *14 (8.4)*	163	n.a. [n.a.; n.a.] *5 (3.1)*	1.91 [0.68; 5.36] 0.21
Severe adverse events (CTCAE grade 3 or 4)	167	n.a. [n.a.; n.a.] *40 (24.0)*	163	n.a. [n.a.; n.a.] *20 (12.3)*	1.86 [1.09; 3.19] 0.022
Therapy discontinuation due to adverse events	167	n.d.	163	n.d.	n.d.

a. No effect estimators (with corresponding p value) were presented in the dossier. Due to the number of events, no statistically significant difference between the treatment arms is assumed.
b. HR and 95% CI from the Cox proportional hazards model, p value from the log-rank test; stratified in each case by "1p19q status (co-deleted vs non-co-deleted)" and "baseline tumour size (longest diameter ≥ 2 cm vs longest diameter < 2 cm)".
c. Primary endpoint of the INDIGO study (AG881-C-004)
d. Decrease in score by ≥ 15% compared to the start of the study is considered as clinically relevant deterioration (scale range: 0 to 100).
e. Negative binomial regression model. The model includes the number of epileptic seizures at baseline, the treatment group and the stratification variables as fixed effects. The logarithm (to base e) of the follow-up time is used as offset variable in the model.
f. Kaplan–Meier estimate, CI according to Brookmeyer and Crowley. In the MMRM model, treatment, visit, stratification factors and the interaction between treatment and visit are included as fixed effects, whilst baseline values are included as covariates.
g. Decrease in score by ≥ 15% of the scale range compared to the start of the study is considered as clinically relevant deterioration. This corresponds in each case to a deterioration by ≥ 30 points in the FACT-Br total score, ≥ 16.2 points in the FACT-G subscale and ≥ 13.8 points in the FACT-BrS subscale.

Abbreviations used:
BIRC = Blinded Independent Review Committee; CTCAE = Common Terminology Criteria for Adverse Events; EQ-5D-VAS = EQ-5D-VAS: EuroQoL 5-Dimensional Visual Analogue Scale; FACT-Br = Functional Assessment of Cancer Therapy – Brain; FACT-BrS = Functional Assessment of Cancer Therapy – Subscale for specific aspects of primary brain tumours; FACT-G = Functional Assessment of Cancer Therapy – General; HR = hazard ratio; n.d. = no data available; CI = confidence interval; LS = least square; N = number of patients evaluated; n = number of patients with (at least one) event; n.a. = not applicable; PGI-F = Patient Global Impression of Frequency; PGI-S = Patient Global Impression of Severity; RANO-LGG = Response Assessment for Neuro-Oncology for Low-Grade Glioma; SAE = serious adverse event; AE = adverse event; vs = versus

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

Adults and adolescents aged 12 years and older and weighing at least 40 kg with predominantly non-enhancing Grade 2 astrocytoma or oligodendroglioma with an IDH1 R132 or IDH2 R172 mutation who only had surgical intervention and are not in immediate need of radiotherapy or chemotherapy

Approx. 380 to 800 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 Voranigo (active ingredient: vorasidenib) at the following publicly accessible link (last access: 29 April 2026):

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

Treatment with vorasidenib should only be initiated and monitored by specialists in internal medicine, haematology, and oncology, specialists in neurology, as well as specialists in neurosurgery or specialists in paediatrics and adolescent medicine with a specialisation in neuropaediatrics or paediatric haematology and oncology, all of whom are experienced in the treatment of patients with glioma, and other specialists from other specialist groups participating in the Oncology Agreement.

4. Treatment costs

Annual treatment costs:

Adults and adolescents aged 12 years and older and weighing at least 40 kg with predominantly non-enhancing Grade 2 astrocytoma or oligodendroglioma with an IDH1 R132 or IDH2 R172 mutation who only had surgical intervention and are not in immediate need of radiotherapy or chemotherapy

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Vorasidenib	€ 257,421.85

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 March 2026)

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 and adolescents aged 12 years and older and weighing at least 40 kg with predominantly non-enhancing Grade 2 astrocytoma or oligodendroglioma with an IDH1 R132 or IDH2 R172 mutation who only had surgical intervention and are not in immediate need of radiotherapy or chemotherapy

– No designation of medicinal products with new active ingredients that can be used in combination therapy pursuant to Section 35a, paragraph 3, sentence 4 SGB V, as the active ingredient to be assessed is an active ingredient approved in monotherapy.

The designation of combinations exclusively serves the implementation of the combination discount according to Section 130e SGB V between statutory 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.

6. Percentage of study participants at study sites within the scope of SGB V in accordance with Section 35a, paragraph 3, sentence 5 SGB V

The medicinal product vorasidenib is a medicinal product placed on the market from 1 January 2025.

The percentage of study participants in the clinical studies of the medicinal product conducted or commissioned by the pharmaceutical company in the therapeutic indication to be assessed who participated at study sites within the scope of SGB V (German Social Security Code) is < 5 per cent of the total number of study participants.

The clinical studies of the medicinal product in the therapeutic indication to be assessed were therefore not conducted to a relevant percentage within the scope of SGB V.

II. The resolution will enter into force on the day of its publication on the G-BA website on 7 May 2026.

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

Berlin, 7 May 2026

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

Prof. Hecken