Gemeinsamer Bundesausschuss

Justification

to the Resolution of the Federal Joint Committee (G-BA) 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: ulcerative colitis, pretreated)

of 20 November 2025

Contents

1. Legal basis

According to Section 35a paragraph 1 German Social Code, Book Five (SGB V), the Federal Joint Committee (G-BA) assess the benefit of all reimbursable medicinal products with new active ingredients. This includes in particular the assessment of the additional benefit and its therapeutic significance. The benefit assessment is carried out on the basis of evidence provided by the pharmaceutical company, which must be submitted to the G-BA electronically, including all clinical studies the pharmaceutical company have conducted or commissioned, at the latest at the time of the first placing on the market as well as the marketing authorisation of new therapeutic indications of the medicinal product, and which must contain the following information in particular:

1. approved therapeutic indications,
2. medical benefit,
3. additional medical benefit in relation to the appropriate comparator therapy,
4. number of patients and patient groups for whom there is a therapeutically significant additional benefit,
5. treatment costs for the statutory health insurance funds,
6. requirement for a quality-assured application.

The G-BA may commission the Institute for Quality and Efficiency in Health Care (IQWiG) to carry out the benefit assessment. According to Section 35a, paragraph 2 SGB V, the assessment must be completed within three months of the relevant date for submission of the evidence and published on the internet.

According to Section 35a paragraph 3 SGB V, the G-BA pass a resolution on the benefit assessment within three months of its publication. The resolution is to be published on the internet and is part of the Pharmaceuticals Directive.

2. Key points of the resolution

The active ingredient guselkumab (Tremfya) was listed for the first time on 1 December 2017 in the "LAUER-TAXE®", the extensive German registry of available drugs and their prices.

On 24 April 2025, guselkumab received marketing authorisation for a new therapeutic indication to be classified as a major type 2 variation as defined according to Annex 2, number 2, letter a to Regulation (EC) No. 1234/2008 of the Commission of 24 November 2008 concerning the examination of variations to the terms of marketing authorisations for medicinal products for human use and veterinary medicinal products (OJ L 334, 12.12.2008, sentence 7).

On 30 May 2025, the pharmaceutical company submitted a dossier in accordance with Section 4, paragraph 3, number 2 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV) in conjunction with Chapter 5 Section 8, paragraph 1, number 2 of the Rules of Procedure (VerfO) of the G-BA on the active ingredient guselkumab with the new therapeutic

indication "Tremfya is indicated for the treatment of adult patients with moderately to severely active ulcerative colitis who have had an inadequate response, lost response, or were intolerant to either conventional therapy, or a biologic treatment" in due time (i.e. at the latest within four weeks after informing the pharmaceutical company about the approval for a new therapeutic indication).

The G-BA commissioned the IQWiG to carry out the assessment of the dossier. The benefit assessment was published on 1 September 2025 on the G-BA website (www.g-ba.de), thus initiating the written statement procedure. In addition, an oral hearing was held.

The G-BA came to a resolution on whether an additional benefit of guselkumab compared with the appropriate comparator therapy could be determined on the basis of the dossier of the pharmaceutical company, the dossier assessment prepared by the IQWiG, and the statements submitted in the written statement and oral hearing procedure, as well of the addendum drawn up by the IQWiG on the benefit assessment. In order to determine the extent of the additional benefit, the G-BA have evaluated the data justifying the finding of an additional benefit on the basis of their therapeutic relevance (qualitative), in accordance with the criteria laid down in Chapter 5 Section 5, paragraph 7 VerfO. The methodology proposed by the IQWiG in accordance with the General Methods [1] was not used in the benefit assessment of guselkumab.

In the light of the above, and taking into account the statements received and the oral hearing, the G-BA have come to the following assessment:

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

2.1.1 Approved therapeutic indication of Guselkumab (Tremfya) in accordance with the product information

Tremfya is indicated for the treatment of adult patients with moderately to severely active ulcerative colitis 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 20.11.2025):

See the approved therapeutic indication

2.1.2 Appropriate comparator therapy

The appropriate comparator therapy was determined as follows:

a) Adults with moderately to severely active ulcerative colitis who have had an inadequate response, lost response or were intolerant to conventional therapy

[1] General Methods, version 7.0 from 19.09.2023. Institute for Quality and Efficiency in Health Care (IQWiG), Cologne.

Appropriate comparator therapy for guselkumab:

- Adalimumab or golimumab or infliximab or mirikizumab or ozanimod or ustekinumab or vedolizumab

b) Adults with moderately to severely active ulcerative colitis 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 for guselkumab:

- Adalimumab or filgotinib or golimumab or infliximab or mirikizumab or ozanimod or tofacitinib or upadacitinib or ustekinumab or vedolizumab

Criteria according to Chapter 5 Section 6 of the Rules of Procedure of the G-BA and Section 6 paragraph 2 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV):

The appropriate comparator therapy must be an appropriate therapy in the therapeutic indication in accordance with the generally recognised state of medical knowledge (Section 12 SGB V), preferably a therapy for which endpoint studies are available and which has proven its worth in practical application unless contradicted by the guidelines under Section 92, paragraph 1 SGB V or the principle of economic efficiency.

In determining the appropriate comparator therapy, the following criteria, in particular, must be taken into account as specified in Chapter 5 Section 6, paragraph 3 VerfO:

1. To be considered as a comparator therapy, the medicinal product must, principally, have a marketing authorisation for the therapeutic indication.
2. If a non-medicinal treatment is considered as a comparator therapy, this must be available within the framework of the SHI system.
3. As comparator therapy, medicinal products or non-medicinal treatments for which the patient-relevant benefit has already been determined by the G-BA shall be preferred.
4. According to the generally recognised state of medical knowledge, the comparator therapy should be part of the appropriate therapy in the therapeutic indication.

According to Section 6, paragraph 2, sentence 2 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV), the determination of the appropriate comparator therapy must be based on the actual medical treatment situation as it would be without the medicinal product to be assessed. According to Section 6, paragraph 2, sentence 3 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV), the G-BA may exceptionally determine the off-label use of medicinal products as an appropriate comparator therapy or as part of the appropriate comparator therapy if they determine by resolution on the benefit assessment according to Section 7, paragraph 4 that, according to the generally recognised state of medical knowledge, this is considered a therapy standard in the therapeutic indication to be assessed or as part of the therapy standard in the medical treatment situation to be taken into account according to sentence 2, and

1. for the first time, a medicinal product approved in the therapeutic indication is available with the medicinal product to be assessed,
2. according to the generally recognised state of medical knowledge, the off-label use is generally preferable to the medicinal products previously approved in the therapeutic indication, or
3. according to the generally recognised state of medical knowledge, the off-label use for relevant patient groups or indication areas is generally preferable to the medicinal products previously approved in the therapeutic indication.

An appropriate comparator therapy may also be non-medicinal therapy, the best possible add-on therapy including symptomatic or palliative treatment, or monitoring wait-and-see approach.

Justification based on the criteria set out in Chapter 5 Section 6, paragraph 3 VerfO and Section 6, paragraph 2 AM-NutzenV:

On 1. In addition to the medicinal product to be assessed here, the following medicinal products are approved for the treatment of ulcerative colitis in adults: 5-aminosalicylates (mesalazine, olsalazine, sulfasalazine), azathioprine, glucocorticoids, TNF-α antagonists (adalimumab, golimumab, infliximab), interleukin inhibitors (mirikizumab, risankizumab, ustekinumab), the integrin inhibitor vedolizumab, JAK inhibitors (filgotinib, tofacitinib, upadacitinib) and the sphingosine-1-phosphate receptor modulators (etrasimod, ozanimod).

On 2. A non-medicinal treatment cannot be considered as an appropriate comparator therapy in this therapeutic indication. Surgical resection is a patient-individual decision made on a case-by-case basis, which does not represent the standard case and is not to be taken into account for the determination of the appropriate comparator therapy.

On 3. There is a resolution of the G-BA on the prescribability of Escherichia coli in the indication of ulcerative colitis. Escherichia coli was exempt from the exclusion from prescription according to Annex III No. 22 of the Pharmaceuticals Directive. The prescription of Escherichia coli strain Nissle 1917 is only permitted for the treatment of ulcerative colitis in the remission phase when mesalazine is not tolerated.

Furthermore, in the therapeutic indication, there are resolutions of the G-BA on the benefit assessment of active ingredients according to Section 35a SGB V for the treatment of ulcerative colitis. For the active ingredient vedolizumab, the resolution of 8 January 2015, for the active ingredient tofacitinib, the resolution of 21 February 2019, for the active ingredient filgotinib, the resolution of 19 May 2022, for the active ingredient ozanimod, the resolution of 16 June 2022, for the active ingredient upadacitinib, the resolution of 16 February 2023, for the active ingredient mirikizumab, the resolution of 18 January 2024, for the active ingredient etrasimod, the resolution of 2 October 2024 and for the active ingredient risankizumab, the resolution of 20 February 2025.

There is also a resolution on the off-label use (Annex VI to Section K of the Pharmaceuticals Directive, Part A) of 6-mercaptopurine for immunosuppression in the therapy of chronic inflammatory bowel disease (resolution of 21 October 2021).

On 4. The generally recognised state of medical knowledge was illustrated by a systematic search for guidelines as well as reviews of clinical studies in the present indication and

is presented in the "Research and synopsis of the evidence to determine the appropriate comparator therapy according to Section 35a SGB V".

The scientific-medical societies and the Drugs Commission of the German Medical Association (AkdÄ) were also involved in writing on questions relating to the comparator therapy in the present indication according to Section 35a paragraph 7 SGB V.

On the basis of the established therapy algorithms and approved medicinal products in the present therapeutic indication, the G-BA divided the patient groups as follows:

a) Adults with moderately to severely active ulcerative colitis who have had an inadequate response, lost response or were intolerant to conventional therapy
b) Adults with moderately to severely active ulcerative colitis who have had an inadequate response with, lost response to, or were intolerant to a biologic agent (TNF-α antagonist or integrin inhibitor or interleukin inhibitor)

A further differentiation of the patient population, in the sense of subjects who have failed any biological therapy, is not undertaken at this time due to a lack of delimiting criteria as well as a lack of uniform therapy recommendations.

Extensive published data and guidelines are available for the indication of moderately to severely active ulcerative colitis to be assessed.

Conventional treatment for ulcerative colitis includes 5-aminosalicylates, azathioprine, glucocorticoids and 6-mercaptopurine. These active ingredients or product classes are therefore no longer considered as the appropriate comparator therapy for the present treatment setting.

Accordingly, TNF-α antagonists (adalimumab, golimumab, infliximab), interleukin inhibitors (mirikizumab, risankizumab, ustekinumab), JAK inhibitors (filgotinib, tofacitinib, upadacitinib), the integrin inhibitor vedolizumab, and the sphingosine-1-phosphate receptor modulators etrasimod and ozanimod as appropriate comparator therapy can still be considered as approved medicinal treatment options.

The current German S3 guideline[2] ulcerative colitis equally recommends these active ingredients for patients with moderately to severely active ulcerative colitis who have had an inadequate response or lost response to conventional therapy or therapy with TNF-α antagonists, with the exception of the active ingredients etrasimod and risankizumab recently approved for this therapeutic indication. Individual active ingredients or product classes are not prioritised due to missing or inadequate comparator data.

However, in view of the fact that the use of JAK inhibitors is associated with an increased risk of serious side effects[3], the G-BA believe that filgotinib, tofacitinib and upadacitinib do not have the same significance in clinical care as the other active ingredients recommended in the guidelines in the earlier treatment setting, i.e. after failure of or intolerance to conventional therapy. The JAK inhibitors filgotinib, tofacitinib and upadacitinib are therefore not determined as the appropriate comparator therapy for patient group a).

[2] Kucharzik T et al. Updated S3 guideline ulcerative colitis (version 6.2). Z Gastroenterol 2024; 62: 769 – 858
[3] see product information for Xeljanz (tofacitinib) last revised October 2023, Jyseleca (filgotinib) last revised July 2024, Rinvoq (upadacitinib) last revised July 2024

However, for patients who require further therapy escalation and thus a broader spectrum of therapy options in this difficult-to-adjust treatment setting, as they have had an inadequate response, or were intolerant to a biologic agent (patient group b), the JAK inhibitors filgotinib, tofacitinib and upadacitinib are viewed to be another suitable therapy option, taking into account the authorisation status and previous therapy (therapies), and are therefore considered as appropriate comparator therapy for this patient group.

After failure of a prior therapy with a biologic agent, especially for active ingredients that do not belong to the product class of TNF-α antagonists, the body of evidence is small overall. The S3 guideline[2] contains specific therapy recommendations for this treatment setting only in the event of failure on TNF-α antagonists. In the event of primary or secondary failure of therapy with TNF-α antagonists, a switch to interleukin inhibitors (mirikizumab, ustekinumab), JAK inhibitors (filgotinib, tofacitinib, upadacitinib), the integrin inhibitor vedolizumab, the sphingosine-1-phosphate receptor modulator ozanimod or calcineurin inhibitors should be made after possible intensification of therapy. Switching to an alternative TNF-α antagonist is only recommended as one of the therapy options in the event of secondary failure. Calcineurin inhibitors are not approved in the present therapeutic indication.

Overall, in this line of therapy, a change of product class or a change within the product class is considered appropriate. However, in the event of primary failure on a TNF-α antagonist, switching within the product class is not recommended due to the low success rate. When selecting the active ingredient for patient group b), the previous therapy and also the authorisation status must be taken into account in general.

No additional benefit of the active ingredients etrasimod and risankizumab - recently approved (marketing authorisation on 16 February 2024 and 24 July 2024) in the indication of ulcerative colitis - over the appropriate comparator therapy could be shown in the benefit assessment. So far, there is only limited experience with these active ingredients in healthcare, which is why the significance cannot be conclusively assessed. Overall, the G-BA therefore came to the conclusion that these active ingredients should not be determined as the appropriate comparator therapy in either patient group a) or patient group b).

Based on the available evidence, no recommendations can be derived for the use of Escherichia coli in the treatment of moderately to severely active ulcerative colitis after failure of conventional therapies or therapy with biologic agents.

It is also assumed that a patient-individual, case-by-case decision on surgical resection may be made as needed for patients who are still eligible for medicinal therapy; however, this does not represent the standard case. Thus, surgical resection is not considered for the determination of the appropriate comparator therapy.

In the overall assessment, the active ingredients adalimumab, golimumab, infliximab, mirikizumab, ozanimod, ustekinumab and vedolizumab are determined to be equally appropriate therapy options for patient group a) adults with moderately to severely active ulcerative colitis who have had an inadequate response with, lost response to, or were intolerant to conventional therapy.

For patient group b) adults with moderately to severely active ulcerative colitis who have had an inadequate response with, lost response to, or were intolerant to a biologic agent (TNF-α antagonist or integrin inhibitor or interleukin inhibitor), a change of therapy to adalimumab, filgotinib, golimumab, infliximab, mirikizumab, ozanimod,

tofacitinib, upadacitinib, ustekinumab or vedolizumab is determined as the appropriate comparator therapy. Both the previous therapy given in each case and the marketing authorisation of the respective active ingredients must be taken into account for all options.

Each of the appropriate comparator therapies determined here includes several alternative therapy options. These therapeutic alternatives are equally appropriate for the comparator therapy. The additional benefit can be demonstrated compared to one of the therapeutic alternatives mentioned.

The findings in Annex XII do not restrict the scope of treatment required to fulfil the medical treatment mandate.

A change in the appropriate comparator therapy requires a resolution by the G-BA linked to the prior review of the criteria according to Chapter 5 Section 6, paragraph 3 Rules of Procedure.

2.1.3 Extent and probability of the additional benefit

In summary, the additional benefit of guselkumab is assessed as follows:

a) Adults with moderately to severely active ulcerative colitis who have had an inadequate response, lost response or were intolerant to conventional therapy

An additional benefit is not proven.

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

An additional benefit is not proven.

Justification:

On patient population a)

The pharmaceutical company presented the VEGA study for the assessment of the additional benefit of guselkumab in adults with moderately to severely active ulcerative colitis who have had an inadequate response to, lost response to, or were intolerant to a conventional therapy.

The VEGA study is a double-blind, three-armed RCT in adult patients with moderately to severely active ulcerative colitis who were naïve to TNF-α inhibitors and have had an inadequate response to, lost response to, or were intolerant to a conventional therapy with oral or intravenous corticosteroids or immunomodulators (6-mercaptopurine or azathioprine). In the study, the combination therapy of guselkumab + golimumab was compared with the respective monotherapies of guselkumab and golimumab. Only the comparison of the monotherapies of guselkumab versus golimumab is relevant for the present benefit assessment.

A total of 143 patients were enrolled into the relevant treatment arms and randomly assigned in a 1:1 ratio to the intervention arm (N = 71) or to the control arm (N = 72). Randomisation was stratified according to the characteristic of treatment with corticosteroids at baseline (yes vs no).

The treatment duration was 38 weeks or until initiation of an unauthorised concomitant medication, colectomy, development of an opportunistic infection, occurrence of further specific adverse events (AEs), therapy discontinuation according to the principal investigator's decision or at the patient's request. The final follow-up for safety and tolerability as well as ulcerative colitis-related hospitalisation, admission to the accident and emergency department and surgeries took place up to 16 weeks after the last dose of study medication. This corresponds to a total observation period of 50 weeks.

The primary endpoint of the VEGA study was clinical response at week 12, measured by an improvement in the Mayo score compared to baseline by ≥ 30% and ≥ 3 points, accompanied by a reduction in the rectal bleeding subscore by ≥ 1 point or a rectal bleeding subscore of 0 or 1 point. Secondary endpoints were assessed in the categories of morbidity, health-related quality of life and side effects.

Extent and probability of the additional benefit

Mortality

For the "overall mortality" endpoint, there was no statistically significant difference between the treatment arms.

Morbidity

Symptomatic remission
The endpoint on symptomatic remission is based on two scales of the Mayo score: Stool frequency (SF) and rectal bleeding (RB). Both symptoms were assessed by the patients in a patient diary within the last 7 days before the study visit. In order to fulfil the criteria for symptomatic remission, patients had to have an SF score of 0 or 1 at week 38 and no deterioration in SF compared to the baseline survey. In addition, an RB score of 0 had to be achieved at week 38. An SF score of 0 or 1 means a normal number of stools or 1 to 2 stools more than normal, whereby a normal number of stools within 24 hours refers to the patient-individual number of stools reported by the patient in the situation before the disease or during remission of the disease. An RB score of 0 means no blood visible in the stool. In this case, only stool frequency and rectal bleeding were included in the endpoint on symptomatic remission, while abdominal pain was not assessed.

For the endpoint on symptomatic remission, there was no statistically significant difference between the treatment arms.

90-day corticosteroid-free period
As part of the written statement procedure, the pharmaceutical company subsequently submitted results for the endpoint of 90-day corticosteroid-free period at week 38. It is assumed that corticosteroid-induced side effects can be avoided to a relevant extent within a withdrawal period of 3 months.
However, the results for the endpoint of 90-day corticosteroid-free period were presented as a separate evaluation without reference to symptomatic remission and are therefore only significant to a limited extent. The endpoint of 90-day corticosteroid-free period is only presented additionally here.

Patient Global Impression of Change (PGIC)
The PGIC scale consists of a single question to which the patients' response can be used to assess the change in symptomatology of ulcerative colitis. Using the PGIC, patients were asked to assess the change in disease severity on a seven-point scale ("very much improved", "much improved", "slightly improved", "no change", "slightly deteriorated", "much deteriorated", "very much deteriorated") compared to the start of the study.
For the PGIC endpoint, there was a statistically significant advantage of guselkumab versus golimumab.

Inflammatory Bowel Disease Questionnaire (IBDQ)
In addition to the total score (see comments on quality of life), the 2 subscores bowel symptoms and systemic symptoms of the IBDQ were used for assessment of symptomatology.

Bowel symptoms (IBDQ)
For the endpoint of bowel symptoms, assessed with the corresponding subscore of the IBDQ, there was no statistically significant difference between the treatment arms.

Systemic symptoms (IBDQ)
For the endpoint of systemic symptoms, assessed with the corresponding subscore of the IBDQ, there was no statistically significant difference between the treatment arms.

Fatigue (PROMIS Fatigue SF 7a)
The fatigue endpoint was assessed in the present study using the "PROMIS Fatigue SF 7a" questionnaire. The PROMIS Fatigue SF 7a is a generic questionnaire for the cross-indication assessment of fatigue, comprising a total of 7 items. It is a comprehensively validated instrument for which, among other things, the validity in the present therapeutic indication was analysed.
There was no statistically significant difference between the treatment arms for the percentage of patients with clinically relevant improvement in the PROMIS Fatigue SF 7a by ≥ 8.07 points.

Hospitalisation
The pharmaceutical company presented evaluations of hospitalisation, admissions to the accident and emergency department and surgeries for ulcerative colitis. Hospitalisation due to ulcerative colitis-related events can in principle be a suitable operationalisation for mapping severe symptomatology of ulcerative colitis. However, the evaluations are not used for the present benefit assessment as no further information on the operationalisation and the underlying events is available.

The data on hospitalisation were collected up to 16 weeks after therapy discontinuation. It is therefore possible that data from subsequent therapies will also be included in the evaluation. Likewise, the endpoint of total hospitalisation is therefore not used for the benefit assessment.

<u>Quality of life</u>

Inflammatory Bowel Disease Questionnaire (IBDQ)
The IBDQ is a widely used and validated disease-specific instrument in the indication of ulcerative colitis.
The IBDQ includes a total of 32 questions on aspects of inflammatory bowel disease. The questionnaire includes 4 domains, with 10 questions on bowel symptoms, 5 questions on

systemic symptoms, 12 questions on emotional functioning and 5 questions on social functioning. Each question can be rated on a scale of 1 to 7, with higher scores indicating better condition. The total number of points (IBDQ total score) ranges from 32 to 224 points. Separate subscores can be calculated for the 4 domains.
The IBDQ total score is assigned to the endpoint category of health-related quality of life.

For the health-related quality of life, assessed using the IBDQ total score, there was no statistically significant difference between the treatment arms.

Patient-Reported Outcome Measurement Information System 29 (PROMIS-29)
The PROMIS-29 is a generic questionnaire for cross-indication assessment of health-related quality of life. The questionnaire comprises a total of 29 items from the PROMIS questionnaire system and is made up of 7 domain-specific short-form questionnaires with 4 items each and a numerical rating scale (NRS) on pain severity. According to the PROMIS manual, the results can be presented in the form of 7 domain scores plus NRS as well as in the form of 2 summary scores (PHS and MHS). In the present case, the pharmaceutical company chose the pre-specified evaluation in the form of the domain scores plus NRS. The summary scores were not presented.

For the domains of physical functioning, anxiety, depressiveness, exhaustion, impairment due to pain and pain severity, there was no statistically significant difference between the treatment groups in each case.
For the domains of sleep impairment and participation in social roles and activities, a statistically significant advantage of guselkumab over golimumab was observed in each case.

Side effects

Serious adverse events (SAE)
For the endpoint of SAEs, there was no statistically significant difference between the treatment arms.

Therapy discontinuation due to adverse events (AEs)
For the endpoint of discontinuation due to AEs, there was no statistically significant difference between the treatment arms.

Specific AEs
In detail, there was no statistically significant difference between the treatment arms for the specific AE "Infections", operationalised as infections and infestations (SOC, AEs).

Overall assessment

The double-blind VEGA RCT comparing guselkumab with golimumab, which includes adults with moderately to severely active ulcerative colitis who have had an inadequate response, lost response or were intolerant to conventional therapy, is available for the benefit assessment.

For the endpoint of overall mortality in the mortality category, there was no statistically significant difference between the treatment arms.

For the endpoints of symptomatic remission, bowel symptoms (IBDQ), systemic symptoms (IBDQ) and fatigue (PROMIS Fatigue SF 7a) of the morbidity category, there was no statistically significant difference between the treatment arms in each case. For the PGIC endpoint, there was a statistically significant advantage of guselkumab versus golimumab. However, the extent of the advantage shown in the PGIC endpoint is considered inadequate to justify the derivation of an additional benefit in the overall assessment.

In the health-related quality of life category of the disease-specific IBDQ, there was no statistically significant difference between the treatment arms. For the domains of "sleep impairment" and "participation in social roles and activities" of the PROMIS-29, a statistically significant advantage of guselkumab over golimumab was observed in each case. In contrast, for the domains of "physical functioning", "anxiety", "depressiveness", "exhaustion", "impairment due to pain" and "pain severity" of the PROMIS-29, there was no statistically significant difference between the treatment arms in each case. The observed positive effects of guselkumab in these two domains of the PROMIS-29 only represent sub-aspects of health-related quality of life. Overall, these effects are considered inadequate to justify the derivation of an additional benefit for the endpoint category of health-related quality of life.

In the category of side effects, there was no statistically significant difference between the treatment arms in the overall rates of SAEs and discontinuation due to AEs respectively.

In the overall assessment of the results, the positive effects of guselkumab shown in the endpoint categories of morbidity (PGIC) and health-related quality of life ("sleep impairment" and "participation in social roles and activities" domains of the PROMIS-29) are considered inadequate to justify the derivation of an additional benefit of guselkumab over golimumab. An additional benefit is therefore not proven.

On patient population b)

The pharmaceutical company did not present any (comparator) studies for the assessment of the additional benefit of guselkumab in adults with moderately to severely active ulcerative colitis who have had an inadequate response with, lost response to, or were intolerant to a biologic agent (TNF-α antagonist or integrin inhibitor or interleukin inhibitor). An additional benefit for patient population b) is therefore not proven due to the absence of suitable data.

2.1.4 Summary of the assessment

The present assessment is the benefit assessment of a new therapeutic indication for the active ingredient guselkumab. The therapeutic indication assessed here is as follows: "Tremfya is indicated for the treatment of adult patients with moderately to severely active ulcerative colitis who have had an inadequate response, lost response, or were intolerant to either conventional therapy, or a biologic treatment."

In the therapeutic indication to be considered, two patient groups were distinguished:

a) Adults with moderately to severely active ulcerative colitis who have had an inadequate response, lost response or were intolerant to conventional therapy

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

The G-BA determined the active ingredients adalimumab or golimumab or infliximab or mirikizumab or ozanimod or ustekinumab or vedolizumab as the appropriate comparator therapy for patient population a). The active ingredients adalimumab or filgotinib or golimumab or infliximab or mirikizumab or ozanimod or tofacitinib or upadacitinib or ustekinumab or vedolizumab were determined as the appropriate comparator therapy for patient population b).

Patient population a)

For patient population a), the pharmaceutical company presented the results of the double-blind VEGA RCT which compared guselkumab with golimumab.

For the endpoint of overall mortality in the mortality category, there was no statistically significant difference between the treatment arms.

For the endpoints of symptomatic remission, bowel symptoms (IBDQ), systemic symptoms (IBDQ) and fatigue (PROMIS Fatigue SF 7a) of the morbidity category, there was no statistically significant difference between the treatment arms in each case. For the PGIC endpoint, there was a statistically significant advantage of guselkumab versus golimumab. However, the extent of the advantage shown in the PGIC endpoint is considered inadequate to justify the derivation of an additional benefit in the overall assessment.

In the health-related quality of life category of the disease-specific IBDQ, there was no statistically significant difference between the treatment arms. For the domains of "sleep impairment" and "participation in social roles and activities" of the PROMIS-29, a statistically significant advantage of guselkumab over golimumab was observed in each case. In contrast, for the other five domains of the PROMIS-29, there was no statistically significant difference between the treatment arms in each case. The observed positive effects of guselkumab in these two domains of the PROMIS-29 only represent sub-aspects of health-related quality of life and are therefore considered inadequate to justify the derivation of an additional benefit for the endpoint category of health-related quality of life.

In the category of side effects, there was no statistically significant difference between the treatment arms in the overall rates of SAEs and discontinuation due to AEs respectively.

In the overall assessment of the results, the positive effects of guselkumab shown in the endpoint categories of morbidity (PGIC) and health-related quality of life ("sleep impairment" and "participation in social roles and activities" domains of the PROMIS-29) are considered

inadequate to justify the derivation of an additional benefit of guselkumab over golimumab. An additional benefit is therefore not proven.

Patient population b)

For patient population b), no suitable data are available for the assessment of the additional benefit of guselkumab compared to the appropriate comparator therapy. Accordingly, the additional benefit of guselkumab in adults with moderately to severely active ulcerative colitis who have had an inadequate response with, lost response to, or were intolerant to a biologic agent (TNF-α antagonist or integrin inhibitor or interleukin inhibitor) is not proven.

2.2 Number of patients or demarcation of patient groups eligible for treatment

The information on the number of patients is based on the target population in statutory health insurance (SHI).

The information from the benefit assessment procedure on etrasimod (resolution of 2 October 2024) and risankizumab (resolution of 20 February 2025) is used to determine the number of patients in the SHI target population.

In the present procedure, the pharmaceutical company did determine 12,098 to 12,620 patients for patient population a) and 9,347 to 9,652 patients for patient population b). In contrast to the approach in the previous procedures on etrasimod and risankizumab, the pharmaceutical company specified the current procedure to only include patients, who either receive an advanced therapy for the first time in the 2022 analysis year according to the DADB analysis (patient population a) or who have changed advanced therapy in the 2022 analysis year, resulting in a lower number of patients. This derivation is therefore limited to patients with a change of therapy in the analysis year.

However, the therapeutic indication does not formally limit the target population to patients with a current indication for a change of therapy. Against this background and in order to enable a consistent consideration of the patient numbers, taking into account the resolutions adopted on the benefit assessment of medicinal products with new active ingredients according to Section 35a SGB V, the patient numbers from the resolution on risankizumab (resolution of 20 February 2025) are used as a basis for the present resolution. The uncertainties from the previous procedures remain due to methodological limitations.

2.3 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 experienced in treating ulcerative colitis.

2.4 Treatment costs

The treatment costs are based on the contents of the product information and the information listed in the LAUER-TAXE® (last revised: 15 September 2025). The calculation of treatment costs is generally based on the last revised LAUER-TAXE® version following the publication of the benefit assessment.

For the cost representation, only the dosages of the general case are considered. Patient-individual dose adjustments (e.g. because of side effects or co-morbidities) are not taken into account when calculating the annual treatment costs.

In general, initial induction regimens are not taken into account for the cost representation, since the present indication is a chronic disease with a continuous need for therapy and, as a rule, no new titration or dose adjustment is required after initial titration.

Treatment period:

If no maximum treatment duration is specified in the product information, the treatment duration is assumed to be one year (365 days), even if the actual treatment duration varies from patient to patient and/or is shorter on average. The time unit "days" is used to calculate the "number of treatments/ patient/ year", time intervals between individual treatments and for the maximum treatment duration, if specified in the product information.

a) Adults with moderately to severely active ulcerative colitis who have had an inadequate response, lost response or were intolerant to conventional therapy

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Medicinal product to be assessed				
Guselkumab	Continuously 1 x every 56 days	6.5	1	6.5
Appropriate comparator therapy				
Adalimumab or golimumab or infliximab or mirikizumab or ozanimod or ustekinumab or vedolizumab				
Adalimumab	Continuously, 1 x every 14 days	26.1	1	26.1
Golimumab	Continuously, 1 x every 28 days	13.0	1	13.0
Infliximab	Continuously, 1 x every 14 days	26.1	1	26.1
Mirikizumab	Continuously, 1 x every 28 days	13.0	1	13.0
Ozanimod	Continuously, 1 x daily	365.0	1	365.0
Ustekinumab	Continuously, 1 x every 84 days	4.3	1	4.3
Vedolizumab	Continuously, 1 x every 14 days	26.1	1	26.1

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

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Medicinal product to be assessed				
Guselkumab	Continuously 1 x every 56 days	6.5	1	6.5
Appropriate comparator therapy				
Adalimumab or filgotinib or golimumab or infliximab or mirikizumab or ozanimod or tofacitinib or upadacitinib or ustekinumab or vedolizumab				
Adalimumab	Continuously, 1 x every 14 days	26.1	1	26.1
Filgotinib	Continuously, 1 x daily	365.0	1	365.0
Golimumab	Continuously, 1 x every 28 days	13.0	1	13.0
Infliximab	Continuously, 1 x every 14 days	26.1	1	26.1
Mirikizumab	Continuously, 1 x every 28 days	13.0	1	13.0
Ozanimod	Continuously, 1 x daily	365.0	1	365.0
Tofacitinib	Continuously, 2 x daily	365.0	1	365.0
Upadacitinib	Continuously, 1 x daily	365.0	1	365.0
Ustekinumab	Continuously, 1 x every 84 days	4.3	1	4.3
Vedolizumab	Continuously, 1 x every 14 days	26.1	1	26.1

Consumption:

For dosages depending on body weight, the average body measurements from the official representative statistics "Microcensus 2017 – body measurements of the population" were applied (average body weight: 77.7 kg)[4].

As it is not always possible to achieve the exact calculated dose per day with the commercially available dosage strengths, in these cases rounding up or down to the next higher or lower available dose that can be achieved with the commercially available dose potencies as well as the scalability of the respective dosage form.

a) Adults with moderately to severely active ulcerative colitis who have had an inadequate response, lost response or were intolerant to conventional therapy

Designation of the therapy	Dosage/ application	Dose/ patient/ treatment days	Consumption by potency/ treatment day	Treatment days/ patient/ year	Average annual consumption by potency
Medicinal product to be assessed					
Guselkumab	100 mg	100 mg	1 x 100 mg	6.5	6.5 x 100 mg
Appropriate comparator therapy					
Adalimumab or golimumab or infliximab or mirikizumab or ozanimod or ustekinumab or vedolizumab					
Adalimumab	40 mg	40 mg	1 x 40 mg	26.1	26.1 x 40 mg
Golimumab	50 mg	50 mg	1 x 50 mg	13.0	13 x 50 mg
Infliximab	120 mg	120 mg	1 x 120 mg	26.1	26.1 x 120 mg
Mirikizumab	100 mg	200 mg	2 x 100 mg	13.0	26 x 100 mg
Ozanimod	0.92 mg	0.92 mg	1 x 0.92 mg	365.0	365 x 0.92 mg
Ustekinumab	90 mg	90 mg	1 x 90 mg	4.3	4.3 x 90 mg
Vedolizumab	108 mg	108 mg	1 x 108 mg	26.1	26.1 x 108 mg

[4] Federal Health Reporting. Average body measurements of the population (2021, both sexes, 15 years and older), www.gbe-bund.de

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

Designation of the therapy	Dosage/ application	Dose/ patient/ treatment days	Consumption by potency/ treatment day	Treatment days/ patient/ year	Average annual consumption by potency
Medicinal product to be assessed					
Guselkumab	100 mg	100 mg	1 x 100 mg	6.5	6.5 x 100 mg
Appropriate comparator therapy					
Adalimumab or filgotinib or golimumab or infliximab or mirikizumab or ozanimod or tofacitinib or upadacitinib or ustekinumab or vedolizumab					
Adalimumab	40 mg	40 mg	1 x 40 mg	26.1	26.1 x 40 mg
Filgotinib	200 mg	200 mg	1 x 200 mg	365.0	365 x 200 mg
Golimumab	50 mg	50 mg	1 x 50 mg	13.0	13 x 50 mg
Infliximab	120 mg	120 mg	1 x 120 mg	26.1	26.1 x 120 mg
Mirikizumab	100 mg	200 mg	2 x 100 mg	13.0	26 x 100 mg
Ozanimod	0.92 mg	0.92 mg	1 x 0.92 mg	365.0	365 x 0.92 mg
Tofacitinib	5 mg	10 mg	2 x 5 mg	365.0	730 x 5 mg
Upadacitinib	15 mg – 30 mg	15 mg – 30 mg	1 x 15 mg – 1 x 30 mg	365.0	365 x 15 mg – 365 x 30 mg
Ustekinumab	90 mg	90 mg	1 x 90 mg	4.3	4.3 x 90 mg
Vedolizumab	108 mg	108 mg	1 x 108 mg	26.1	26.1 x 108 mg

Costs:

In order to improve comparability, the costs of the medicinal products were approximated both on the basis of the pharmacy sales price level and also deducting the statutory rebates in accordance with Section 130 and Section 130a SGB V. To calculate the annual treatment costs, the required number of packs of a particular potency was first determined on the basis of consumption. Having determined the number of packs of a particular potency, the costs of the medicinal products were then calculated on the basis of the costs per pack after deduction of the statutory rebates. Any reference prices shown in the cost representation may not represent the cheapest available alternative.

Costs of the medicinal products:

Patient populations a) and b)

Designation of the therapy	Packaging size	Costs (pharmacy sales price)	Rebate Section 130 SGB V	Rebate Section 130a SGB V	Costs after deduction of statutory rebates
Medicinal product to be assessed					
Guselkumab 100 mg	2 SFI	€ 5,321.80	€ 1.77	€ 0.00	€ 5,320.03
Appropriate comparator therapy					
Adalimumab 40 mg[5]	6 SFI	€ 2,804.97	€ 1.77	€ 0.00	€ 2,803.20
Filgotinib 200 mg	90 FCT	€ 3,048.17	€ 1.77	€ 170.79	€ 2,875.61
Golimumab 50 mg[5]	3 SPF	€ 2,548.84	€ 1.77	€ 0.00	€ 2,547.07
Infliximab 120 mg	6 SFI	€ 4,118.45	€ 1.77	€ 231.91	€ 3,884.77
Mirikizumab 100 mg	6 PEN	€ 2,866.96	€ 1.77	€ 160.44	€ 2,704.75
Ozanimod 0.92 mg	98 HC	€ 5,478.65	€ 1.77	€ 309.59	€ 5,167.29
Tofacitinib 5 mg	182 FCT	€ 2,924.03	€ 1.77	€ 0.00	€ 2,922.26
Upadacitinib 15 mg	90 SRT	€ 3,494.84	€ 1.77	€ 0.00	€ 3,493.07
Upadacitinib 30 mg	90 SRT	€ 4,459.81	€ 1.77	€ 0.00	€ 4,458.04
Ustekinumab 90 mg	2 SFI	€ 5,818.60	€ 1.77	€ 329.01	€ 5,487.82
Vedolizumab 108 mg	6 SFI	€ 3,602.65	€ 1.77	€ 202.46	€ 3,398.42
Abbreviations: SFI = solution for injection; CAP = capsules; PIC = powder for the preparation of an infusion solution concentrate; SRT = sustained release tablet; SPF = solution for injection in a pre-filled syringe					

LAUER-TAXE® last revised: 15 September 2025

Costs for additionally required SHI services:

Only costs directly related to the use of the medicinal product are taken into account. If there are regular differences in the necessary use of medical treatment or in the prescription of other services in the use of the medicinal product to be evaluated and the appropriate comparator therapy in accordance with the product information, the costs incurred for this must be taken into account as costs for additionally required SHI services.

Medical treatment costs, medical fee services, and costs incurred for routine examinations (e.g. regular laboratory services such as blood count tests) that do not exceed the standard expenditure in the course of the treatment are not shown.

Costs are regularly incurred for examination of both active and inactive ("latent") tuberculosis infections in the case of guselkumab as the medicinal product to be assessed and the active ingredients adalimumab, filgotinib, golimumab, infliximab, tofacitinib, upadacitinib,

[5] Fixed reimbursement rate

ustekinumab and vedolizumab of the appropriate comparator therapy of the patient populations a) and b). The costs presented are a blood test (quantitative determination of an in vitro interferon-gamma release after ex vivo stimulation with antigens specific for Mycobacterium tuberculosis-complex (except BCG)) and a chest radiograph. The tuberculin skin test is not presented due to lack of sensitivity and specificity as well as the possibility of "sensitisation".

It must be tested for the presence of hepatitis B viral infection prior to the administration of the active ingredients of the appropriate comparator therapy (adalimumab, filgotinib, golimumab, infliximab, tofacitinib and upadacitinib). Diagnostics to rule out chronic hepatitis B requires sensibly coordinated steps. A step-by-step serological diagnosis initially consists of the examination of HBs antigen and anti-HBc antibodies. If both are negative, a past HBV infection can be excluded. In certain case constellations, further steps may be necessary in accordance with current guideline recommendations[6].

The calculation of the additionally required SHI services is based on packs in distribution with the LAUER-TAXE® last revised on 15 September 2025 and fee structure items (FSI) - last revised in the 3rd quarter of 2025 - of the uniform value scale (UVS 2025/Q3).

Designation of the therapy	Designation of the service	Number	Costs per unit	Costs per patient per year
Guselkumab Adalimumab Filgotinib Golimumab Infliximab Tofacitinib Upadacitinib Ustekinumab Vedolizumab	Quantitative determination of an in vitro interferon-gamma release after ex vivo stimulation with antigens (at least ESAT-6 and CFP-10) specific for Mycobacterium tuberculosis-complex (except BCG) (FSI 32670)	1	€ 53.36	€ 53.36
	Chest radiograph (FSI 34241)	1	€ 18.09	€ 18.09
Adalimumab Filgotinib Golimumab Infliximab Tofacitinib Upadacitinib	HBV test Hepatitis B surface antigen status (FSI 32781)	1	€ 5.06	€ 5.06
	Anti-HBc antibody (FSI 32614)	1	€ 5.43	€ 5.43

2.5 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

According to Section 35a, paragraph 3, sentence 4, the G-BA designate all medicinal products

[6] S3 guideline on prevention, diagnosis and therapy of hepatitis B virus infection AWMF registry no.: 021/011 https://register.awmf.org/assets/guidelines/021-011l_S3_Prophylaxe-Diagnostik-Therapie-der-Hepatitis-B-Virusinfektion_2021-07.pdf]

with new active ingredients that can be used in a combination therapy with the assessed medicinal product for the therapeutic indication to be assessed on the basis of the marketing authorisation under Medicinal Products Act.

Basic principles of the assessed medicinal product

A designation in accordance with Section 35a, paragraph 3, sentence 4 SGB V requires that it is examined based on the product information for the assessed medicinal product whether it can be used in a combination therapy with other medicinal products in the assessed therapeutic indication. In the first step, the examination is carried out on the basis of all sections of the currently valid product information for the assessed medicinal product.

If the assessed medicinal product contains an active ingredient or a fixed combination of active ingredients in the therapeutic indication of the resolution (assessed therapeutic indication) and is approved exclusively for use in monotherapy, a combination therapy is not considered due to the marketing authorisation under Medicinal Products Act, which is why no designation is made.

A designation is also not considered if the G-BA have decided on an exemption as a reserve antibiotic for the assessed medicinal product in accordance with Section 35a, paragraph 1c, sentence 1 SGB V. The additional benefit is deemed to be proven if the G-BA have decided on an exemption for a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V; the extent of the additional benefit and its therapeutic significance are not to be assessed by the G-BA. Due to the lack of an assessment mandate by the G-BA following the resolution on an exemption according to Section 35a, paragraph 1c, sentence 1 SGB V with regard to the extent of the additional benefit and the therapeutic significance of the reserve antibiotic to be assessed, there is a limitation due to the procedural privileging of the pharmaceutical companies to the effect that neither the proof of an existing nor an expected at least considerable additional benefit is possible for exempted reserve antibiotics in the procedures according to Section 35a paragraph 1 or 6 SGB V and Section 35a paragraph 1d SGB V. The procedural privileging of the reserve antibiotics exempted according to Section 35a, paragraph 1c, sentence 1 SGB V must therefore also be taken into account at the level of designation according to Section 35a, paragraph 3, sentence 4 SGB V in order to avoid valuation contradictions.

With regard to the further examination steps, a differentiation is made between a "determined" or "undetermined" combination, which may also be the basis for a designation.

A "determined combination" exists if one or more individual active ingredients which can be used in combination with the assessed medicinal product in the assessed therapeutic indication are specifically named.

An "undetermined combination" exists if there is information on a combination therapy, but no specific active ingredients are named. An undetermined combination may be present if the information on a combination therapy:

- names a product class or group from which some active ingredients not specified in detail can be used in combination therapy with the assessed medicinal product, or
- does not name any active ingredients, product classes or groups, but the assessed medicinal product is used in addition to a therapeutic indication described in more detail in the relevant product information, which, however, does not include information on active ingredients within the scope of this therapeutic indication.

Concomitant active ingredient

The concomitant active ingredient is a medicinal product with new active ingredients that can be used in combination therapy with the assessed medicinal product for the therapeutic indication to be assessed.

For a medicinal product to be considered as a concomitant active ingredient, it must be classified as a medicinal product with new active ingredients according to Section 2 paragraph 1 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV) in conjunction with the corresponding regulations in Chapter 5 of the Rules of Procedure of the G-BA as of the date of the present resolution. In addition, the medicinal product must be approved in the assessed therapeutic indication, whereby a marketing authorisation is sufficient only for a sub-area of the assessed therapeutic indication.

Based on an "undetermined combination", the concomitant active ingredient must be attributable to the information on the product class or group or the therapeutic indication according to the product information of the assessed medicinal product in the assessed therapeutic indication, whereby the definition of a product class or group is based on the corresponding requirements in the product information of the assessed medicinal product.

In addition, there must be no reasons for exclusion of the concomitant active ingredient from a combination therapy with the assessed medicinal product, in particular no exclusive marketing authorisation as monotherapy.

In addition, all sections of the currently valid product information of the eligible concomitant active ingredient are checked to see whether there is any information that excludes its use in combination therapy with the assessed medicinal product in the assessed therapeutic indication under marketing authorisation regulations. Corresponding information can be, for example, dosage information or warnings. In the event that the medicinal product is used as part of a determined or undetermined combination which does not include the assessed medicinal product, a combination with the assessed medicinal product shall be excluded.

Furthermore, the product information of the assessed medicinal product must not contain any specific information that excludes its use in combination therapy with the eligible concomitant active ingredient in the assessed therapeutic indication under marketing authorisation regulations.

Medicinal products with new active ingredients for which the G-BA have decided on an exemption as a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V are ineligible as concomitant active ingredients. The procedural privileging of the reserve antibiotics exempted according to Section 35a, paragraph 1c, sentence 1 SGB V also applies accordingly to the medicinal product eligible as a concomitant active ingredient.

Designation

The medicinal products which have been determined as concomitant active ingredients in accordance with the above points of examination are named by indicating the relevant active ingredient and the invented name. The designation may include several active ingredients, provided that several medicinal products with new active ingredients may be used in the same combination therapy with the assessed medicinal product or different combinations with different medicinal products with new active ingredients form the basis of the designation.

If the present resolution on the assessed medicinal product in the assessed therapeutic indication contains several patient groups, the designation of concomitant active ingredients shall be made separately for each of the patient groups.

Exception to the designation

The designation excludes combination therapies for which - patient group-related - a considerable or major additional benefit has been determined by resolution according to Section 35a, paragraph 3, sentence 1 SGB V or it has been determined according to Section 35a, paragraph 1d, sentence 1 SGB V that at least considerable additional benefit of the combination can be expected. In this context, the combination therapy that is excluded from the designation must, as a rule, be identical to the combination therapy on which the preceding findings were based.

In the case of designations based on undetermined combinations, only those concomitant active ingredients - based on a resolution according to Section 35a, paragraph 3, sentence 1 SGB V on the assessed medicinal product in which a considerable or major additional benefit had been determined - which were approved at the time of this resolution are excluded from the designation.

Legal effects of the designation

The designation of combinations is carried out in accordance with the legal requirements according to Section 35a, paragraph 3, sentence 4 and is used exclusively to implement the combination discount according to Section 130e SGB V between health insurance funds and pharmaceutical companies. The designation is not associated with a statement as to the extent to which a therapy with the assessed medicinal products in combination with the designated medicinal products corresponds to the generally recognised state of medical knowledge. The examination was carried out exclusively on the basis of the possibility under Medicinal Products Act to use the medicinal products in combination therapy in the assessed therapeutic indication based on the product information; the generally recognised state of medical knowledge or the use of the medicinal products in the reality of care were not the subject of the examination due to the lack of an assessment mandate of the G-BA within the framework of Section 35a, paragraph 3, sentence 4 SGB V.

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.

Justification for the findings on designation in the present resolution:

a) Adults with moderately to severely active ulcerative colitis 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.

References:
Product information for guselkumab (Tremfya); Tremfya® 200 mg concentrate for the preparation of an infusion solution; last revised: May 2025

b) Adults with moderately to severely active ulcerative colitis who have had an inadequate response with, lost response to, 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, for which the requirements of Section 35a, paragraph 3, sentence 4 SGB V are fulfilled.

References:
Product information for guselkumab (Tremfya); Tremfya® 200 mg concentrate for the preparation of an infusion solution; last revised: May 2025

3. Bureaucratic costs calculation

The proposed resolution does not create any new or amended information obligations for care providers within the meaning of Annex II to Chapter 1 VerfO and, accordingly, no bureaucratic costs.

4. Process sequence

At their session on 26 May 2020, the Subcommittee on Medicinal Products determined the appropriate comparator therapy.

A review of the appropriate comparator therapy took place once the positive opinion was granted. The Subcommittee on Medicinal Products determined the appropriate comparator therapy at their session on 06 May 2025.

On 30 May 2025 the pharmaceutical company submitted a dossier for the benefit assessment of guselkumab to the G-BA in due time in accordance with Chapter 5 Section 8, paragraph 1, number 2 VerfO.

By letter dated 3 June 2025 in conjunction with the resolution of the G-BA of 1 August 2011 concerning the commissioning of the IQWiG to assess the benefits of medicinal products with new active ingredients in accordance with Section 35a SGB V, the G-BA commissioned the IQWiG to assess the dossier concerning the active ingredient guselkumab.

The dossier assessment by the IQWiG was submitted to the G-BA on 27 August 2025, and the written statement procedure was initiated with publication on the G-BA website on 1 September 2025. The deadline for submitting statements was 22 September 2025.

The oral hearing was held on 6 October 2025.

By letter dated 7 October 2025, the IQWiG was commissioned with a supplementary assessment. The addendum prepared by IQWiG was submitted to the G-BA on 29 October 2025.

In order to prepare a recommendation for a resolution, the Subcommittee on Medicinal Products commissioned a working group (Section 35a) consisting of the members nominated by the leading organisations of the care providers, the members nominated by the SHI umbrella organisation, and representatives of the patient organisations. Representatives of the IQWiG also participate in the sessions.

The evaluation of the written statements received and the oral hearing was discussed at the session of the Subcommittee on 11 November 2025, and the proposed draft resolution was approved.

At their session on 20 November 2025, the plenum adopted a resolution to amend the Pharmaceuticals Directive.

Chronological course of consultation

Session	Date	Subject of consultation
Subcommittee on Medicinal Products	26 May 2020	Determination of the appropriate comparator therapy
Subcommittee on Medicinal Products	6 May 2025	Implementation of the appropriate comparator therapy
Working group Section 35a	30 September 2025	Information on written statements received; preparation of the oral hearing
Subcommittee on Medicinal Products	6 October 2025	Conduct of the oral hearing, commissioning of the IQWiG with the supplementary assessment of documents
Working group Section 35a	14 October 2025 4 November 2025	Consultation on the dossier evaluation by the IQWiG and evaluation of the written statement procedure
Subcommittee on Medicinal Products	11 November 2025	Concluding discussion of the draft resolution
Plenum	20 November 2025	Adoption of the resolution on the amendment of the Pharmaceuticals Directive

Berlin, 20 November 2025

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

Prof. Hecken