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
Tislelizumab (new therapeutic indication: recurrent or metastatic nasopharyngeal carcinoma (NPC), first-line, combination with gemcitabine and cisplatin)

From 19 March 2026

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. requirements 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 decide 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 tislelizumab (Tevimbra) was listed for the first time on 1 September 2024 in the "LAUER-TAXE®", the extensive German registry of available drugs and their prices.

On 10 January 2025, the pharmaceutical company submitted an application for postponement of the date for the start of the benefit assessment procedure for tislelizumab in the therapeutic indication "first-line treatment of adult patients with recurrent, not amenable to curative surgery or radiotherapy, or metastatic nasopharyngeal carcinoma (NPC)" in accordance with Section 35a, paragraph 5b SGB V. The pharmaceutical company expected marketing authorisation extensions for the active ingredient tislelizumab within the period specified in Section 35a paragraph 5b SGB V for multiple therapeutic indications at different times.

At their session on 6 March 2025, the G-BA approved the application pursuant to Section 35a paragraph 5b SGB V and postponed the relevant date for the start of the benefit assessment and the submission of a dossier for the benefit assessment for the therapeutic indication in

question to four weeks after the marketing authorisation of the other therapeutic indication of the therapeutic indication covered by the application, at the latest six months after the first relevant date. The marketing authorisation for the other therapeutic indication covered by the application according to Section 35a paragraph 5b SGB V was granted within the 6-month period.

On 9 July 2025, tislelizumab received the extension of the marketing authorisation for the therapeutic indication in question "recurrent or metastatic nasopharyngeal carcinoma (NPC), first-line, combination with gemcitabine and cisplatin" 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 of 12.12.2008, p. 7). In accordance with the resolution of 6 March 2025, the benefit assessment of the active ingredient tislelizumab in this new therapeutic indication thus began at the latest within four weeks of granting of the last marketing authorisation of tislelizumab on 21 August 2025 in the therapeutic indication for the treatment of "non-small cell lung cancer, high risk of recurrence, neoadjuvant and adjuvant treatment, monotherapy or combination with platinum-based chemotherapy", i.e. at the latest on 1 October 2025.

On 17 September 2025, the pharmaceutical company submitted a dossier in accordance with Section 4, paragraph 3, number 3 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV) in conjunction with Chapter 5 Section 8, paragraph 2 of the Rules of Procedure (VerfO) of the G-BA on the active ingredient tislelizumab with the therapeutic indication

"Tevimbra, in combination with gemcitabine and cisplatin, is indicated for the first-line treatment of adult patients with recurrent, not amenable to curative surgery or radiotherapy, or metastatic nasopharyngeal carcinoma (NPC).".

The G-BA commissioned the IQWiG to carry out the assessment of the dossier. The benefit assessment was published on 2 January 2026 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 tislelizumab 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. 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 tislelizumab.

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

[1] General Methods, version 8.0 from 19.12.2025. Institute for Quality and Efficiency in Health Care (IQWiG), Cologne.

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

2.1.1 Approved therapeutic indication of Tislelizumab (Tevimbra) in accordance with the product information

Tevimbra, in combination with gemcitabine and cisplatin, is indicated for the first-line treatment of adult patients with recurrent, not amenable to curative surgery or radiotherapy, or metastatic NPC.

Therapeutic indication of the resolution (resolution of 19.03.2026):

See the approved therapeutic indication.

2.1.2 Appropriate comparator therapy

The appropriate comparator therapy was determined as follows:

Adults with recurrent, not amenable to curative surgery or radiotherapy, or metastatic nasopharyngeal carcinoma (NPC); first-line treatment

Appropriate comparator therapy:

- Cisplatin in combination with gemcitabine

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 according to 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 the present therapeutic indication, medicinal products with the active ingredients cetuximab, nivolumab, pembrolizumab, toripalimab, methotrexate, cisplatin, carboplatin, bleomycin, 5-fluorouracil and mitomycin are approved.

Most of the active ingredients mentioned have a marketing authorisation for the overarching therapeutic indication "head and neck (squamous cell) carcinoma".

On 2. Non-medicinal treatments that can be provided within the SHI framework are not considered as the comparator therapy.

However, based on the available evidence, the administration of consolidating locoregional radiotherapy is recommended, particularly depending on the response to systemic therapy. In G-BA's opinion, radiotherapy should be made available to eligible patients as part of a clinical study.

On 3. Resolutions on the benefit assessment of medicinal products with new active ingredients according to Section 35a SGB V:

- Nivolumab (progression on or after platinum-based therapy): resolution of 17.11.2017
- Pembrolizumab (progression on or after platinum-based therapy): resolution of 04.04.2019
- Pembrolizumab (monotherapy): resolution of 14.05.2020
- Pembrolizumab (combination therapy): resolution of 14.05.2020

On 4. The generally recognised state of medical knowledge was illustrated by a systematic search for guidelines as well as systematic 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 therapeutic indication according to Section 35a, paragraph 7 SGB V. A written

statement from the German Society for Haematology and Medical Oncology (DGHO) is available.

In light of the present systematic search, the evidence regarding treatment options in this therapeutic indication is limited. Methodologically sound guidelines could not be identified. The additionally considered National Comprehensive Cancer Network (NCCN) guideline lists combination therapies comprising cisplatin in combination with gemcitabine and toripalimab as the preferred treatment options. The active ingredient toripalimab is a new treatment option in the present therapeutic indication. The active ingredient was approved on 19.09.2024, but has only been available in Germany since 15.01.2026. Based on the generally recognised state of medical knowledge, toripalimab in combination with cisplatin and gemcitabine is not determined to be an appropriate comparator therapy for the present resolution.

Among the other therapies recommended by the NCCN guideline, cisplatin in combination with gemcitabine with or without a PD-L1 inhibitor (nivolumab or pembrolizumab) has the next higher level of recommendation.

Nivolumab is only approved in the case of disease progression on or after platinum-based therapy. Pembrolizumab is approved as monotherapy and in combination with platinum and 5-fluorouracil for the first-line treatment of metastatic or unresectable recurrent head and neck squamous cell carcinoma in adults with PD-L1-expressing tumours (Combined Positive Score [CPS] ≥ 1), but not in the recommended combination with cisplatin and gemcitabine. Nivolumab or pembrolizumab in combination with cisplatin and gemcitabine are therefore not considered as appropriate comparator therapies.

The combination of cisplatin and gemcitabine is also not approved for this therapeutic indication; however, it has the next higher level of recommendation among the other therapies recommended by the NCCN guideline and, according to the scientific-medical society's statements, is also part of the current standard, which is why the G-BA determined cisplatin in combination with gemcitabine as the appropriate comparator therapy in this therapeutic indication.

In accordance with the generally recognised state of medical knowledge, it must be established in the overall assessment that the off-label use of cisplatin in combination with gemcitabine is generally preferable to the medicinal products previously approved in the therapeutic indication (Section 6, paragraph 2, sentence 3, number 2 AM-NutzenV).

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

Any change to the appropriate comparator therapy requires a decision by the G-BA based on a prior review of the criteria set out in Chapter 5 Section 6, paragraph 3 VerfO.

2.1.3 Extent and probability of the additional benefit

In summary, the additional benefit of tislelizumab in combination with cisplatin and gemcitabine is assessed as follows:

An additional benefit is not proven.

Justification:

For the benefit assessment, the pharmaceutical company presented the results from the completed, double-blind, randomised, controlled phase III RATIONALE 309 study comparing tislelizumab in combination with cisplatin and gemcitabine with cisplatin in combination with gemcitabine. The study was conducted at 37 study sites in Asia between April 2019 and December 2023.

Adults with recurrent, not amenable to curative surgery or radiotherapy, or metastatic nasopharyngeal carcinoma (NPC), who had not received prior systemic therapy for recurrent or metastatic NPC, were enrolled in the study. A total of 263 patients were enrolled in the study and randomised in a 1:1 ratio to receive treatment with tislelizumab + cisplatin + gemcitabine (N = 131) or cisplatin + gemcitabine (N = 132), stratified by sex (female vs male) and the presence of liver metastases (yes vs no).

The RATIONALE 309 study assessed patient-relevant endpoints in the categories of mortality, morbidity, health-related quality of life and side effects.

At the data cut-off from 8 December 2023, the pharmaceutical company presented the results of the RATIONALE 309 study, which form the basis for the benefit assessment.

Extent and probability of the additional benefit

Mortality

Overall survival

In the RATIONALE 309 study, overall survival was operationalised as the time from randomisation to death from any cause. There was no statistically significant difference between the treatment arms for this endpoint.

Morbidity

Progression-free survival

In the RATIOANALE 309 study, progression-free survival (PFS) was defined as the time from randomisation to the first objectively documented disease progression or death, whichever occurred first, based on the time of the first radiological documentation of disease progression in accordance with the RECIST (Response Evaluation Criteria in Solid Tumours, version 1.1) criteria.

PFS is statistically significantly prolonged with tislelizumab in combination with gemcitabine and cisplatin compared to gemcitabine in combination with cisplatin.

The present PFS endpoint is a composite endpoint consisting of endpoints from the "mortality" and "morbidity" categories. The "mortality" endpoint component is already assessed via the "overall survival" endpoint as an independent endpoint. The morbidity component "disease progression" is assessed according to RECIST criteria and thus predominantly by means of imaging procedures.

Taking into account the aspects mentioned above, there are different opinions within the G-BA regarding the patient relevance of the PFS endpoint.

The overall statement on the additional benefit remains unaffected.

Symptomatology (EORTC QLQ-C30 and EORTC QLQ-H&N35)

Symptomatology was surveyed using the EORTC QLQ-C30 questionnaire and its disease-specific supplementary module EORTC QLQ-H&N35. The time to first deterioration by ≥ 10 points was used for the benefit assessment.

There were no statistically significant differences between the treatment arms.

There was an effect modification, in particular due to the "presence of liver metastases" characteristic. For patients with liver metastases, there was a statistically significant difference in favour of tislelizumab on the "speech disorders" symptom scale, whilst for patients without liver metastases, there was a statistically significant difference to the disadvantage of tislelizumab on the "malaise" symptom scale.

In view of the fact that this effect modification is only shown for some endpoints, the result for the total population is used for the assessment.

In the overall assessment, there were no relevant differences for the benefit assessment in the morbidity endpoint category.

Quality of life

EORTC QLQ-C30 and EORTC QLQ-H&N35

Health-related quality of life was surveyed using the EORTC QLQ-C30 questionnaire and its disease-specific supplementary module EORTC QLQ-H&N35. The time to first deterioration by ≥ 10 points was used for the benefit assessment.

There were no statistically significant differences between the treatment arms.

Side effects

Adverse events (AEs) in total

In the RATIONALE 309 study, AEs occurred in almost all patients in both treatment arms. The results are only presented additionally.

Serious AEs (SAEs), severe AEs and discontinuation due to AEs

For the endpoints of SAEs, severe AEs and discontinuation due to AEs, there were no statistically significant differences between the treatment arms in each case.

Specific AEs

Detailed analysis of the specific AEs "immune-mediated severe AEs" and "fever (PT, AE)" showed a statistically significant difference to the disadvantage of tislelizumab in combination with gemcitabine and cisplatin. There was an effect modification due to the "presence of liver metastases" characteristic. For patients with liver metastases, there was no statistically significant difference between the treatment arms with regard to "fever (PT, AE)".

Overall analysis of the results for side effects showed neither an advantage nor disadvantage overall for treatment with tislelizumab in combination with gemcitabine and cisplatin compared with gemcitabine in combination with cisplatin.

Overall assessment

Results on mortality, morbidity, health-related quality of life and side effects from the randomised, controlled, double-blind phase III RATIONALE 309 study, comparing tislelizumab in combination with gemcitabine and cisplatin with gemcitabine in combination with cisplatin, are available for the assessment of the additional benefit of the former combination in adults with recurrent, not amenable to curative surgery or radiotherapy, or metastatic

nasopharyngeal carcinoma (NPC). The assessment is based on the final data cut-off from 8 December 2023.

In the endpoint category of mortality, there was no difference between the treatment arms.

For the endpoints of time to first deterioration of symptomatology or quality of life (surveyed using the EORTC QLQ-C30 and EORTC &QLQ-H&N35, respectively) in the endpoint categories of morbidity and health-related quality of life, there were no statistically significant differences in each case.

There were also no relevant differences for the benefit assessment in the endpoint category of side effects.

In the endpoint categories of morbidity and side effects, there were some effect modifications, in particular due to the "presence of liver metastases" characteristic. According to statements made by clinical experts during the oral hearing, liver metastases are a relevant prognostic factor in the present therapeutic indication. Against this background, whilst the G-BA regard this as a relevant finding of the benefit assessment, the result for the total population is used for the assessment due to the merely isolated occurrence of this effect modification.

In the overall assessment, no relevant differences for the benefit assessment were observed for treatment with tislelizumab in combination with gemcitabine and cisplatin across all endpoint categories. An additional benefit is not proven.

2.1.4 Summary of the assessment

The present assessment is a benefit assessment of a new therapeutic indication for the active ingredient tislelizumab.

"Tevimbra, in combination with gemcitabine and cisplatin, is indicated for the first-line treatment of adult patients with recurrent, not amenable to curative surgery or radiotherapy, or metastatic nasopharyngeal carcinoma (NPC)."

The combination of gemcitabine and cisplatin was determined as the appropriate comparator therapy.

For the benefit assessment, the pharmaceutical company submitted data from the RATIONALE 309 study. Adults with recurrent, not amenable to curative surgery or radiotherapy, or metastatic nasopharyngeal carcinoma (NPC), who had not received prior systemic therapy for recurrent or metastatic NPC, were enrolled and randomised in a 1:1 ratio to the treatment arm (tislelizumab in combination with gemcitabine and cisplatin) and the control arm (gemcitabine in combination with cisplatin) of this randomised, double-blind phase III study. The assessment is based on the final data cut-off from 8 December 2023.

In the endpoint categories of mortality and health-related quality of life, there were no statistically significant differences between the treatment arms.

In terms of morbidity and side effects, there were no relevant differences for the benefit assessment.

As a result, it was concluded that an additional benefit of tislelizumab in combination with gemcitabine and cisplatin over gemcitabine in combination with cisplatin is not proven for adults with recurrent, not amenable to curative surgery or radiotherapy, or metastatic nasopharyngeal carcinoma.

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 G-BA base their resolution on the information from the dossier of the pharmaceutical company. This information is subject to uncertainties, which are explained below with the main reasons.

It is initially unclear whether the percentages which are used by the pharmaceutical company and are largely based on publications from Asia can be applied to the German healthcare context, given the regional differences in histological subtypes.

Furthermore, there remains some uncertainty regarding the transferability of various percentages. This especially applies to the use of percentages, firstly for recurrences in a population that also includes patients with metastatic NPC at the time of initial diagnosis, and secondly for patients without curative treatment of locally recurrent NPC, as those with stage IV disease were also included in the calculation of the percentages.

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 Tevimbra (active ingredient: tislelizumab) at the following publicly accessible link (last access: 10 March 2026):

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

Therapy with tislelizumab should only be initiated and monitored by specialists in internal medicine, haematology and oncology experienced in the treatment of patients with nasopharyngeal carcinoma as well as ear, nose and throat (otorhinolaryngology) specialists and other doctors from other specialist groups participating in the Oncology Agreement.

In accordance with the EMA requirements regarding additional risk minimisation measures, the pharmaceutical company must provide training material that contains information for medical professionals and patients (including patient identification card). The training material contains, in particular, instructions on the management of immune-mediated side effects potentially occurring with tislelizumab.

2.4 Treatment costs

The treatment costs are based on the requirements in the product information and the information listed in the LAUER-TAXE® (last revised: 15 January 2026). The calculation of treatment costs is generally based on the last revised LAUER-TAXE® version following the publication of the benefit assessment.

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 is different 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 the maximum treatment duration, if specified in the product information.

The annual treatment costs shown refer to the first year of treatment.

Treatment period:

Adults with recurrent, not amenable to curative surgery or radiotherapy, or metastatic nasopharyngeal carcinoma (NPC); first-line treatment

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Medicinal product to be assessed				
Tislelizumab in combination with cisplatin and gemcitabine				
Tislelizumab	1 x every 21 days or 1 x every 42 days	8.7 - 17.4	1	8.7 - 17.4
Cisplatin	1 x every 21 days	6	1	6.0
Gemcitabine	1 x on day 1 and 8 of a 21-day cycle	6	2	12.0
Appropriate comparator therapy				
Cisplatin in combination with gemcitabine				
Cisplatin	1 x every 21 days	6	1	6.0
Gemcitabine	1 x on day 1 and 8 of a 21-day cycle	6	2	12.0

Consumption:

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

For dosages depending on body weight (BW) or body surface area (BSA) of the adult patients, the average body measurements from the official representative statistics "Microcensus 2021 – body measurements of the population" were applied (average body height: 1.72 m; average body weight: 77.7 kg). This results in a body surface area of 1.91 m² (calculated according to Du Bois 1916)[2].

Gemcitabine has not been granted marketing authorisation for the present therapeutic indication. Accordingly, the use of cisplatin in combination with gemcitabine constitutes off-label use. For the purpose of cost calculation as part of the off-label use of the combination therapy comprising cisplatin and gemcitabine, the G-BA took the treatment regimen and

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

dosages in accordance with the studies by Hong et al. (2021)[3] and Zhang et al. (2016)[4] - referenced in the NCCN - as the basis.

Adults with recurrent, not amenable to curative surgery or radiotherapy, or metastatic nasopharyngeal carcinoma (NPC); first-line treatment

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					
Tislelizumab in combination with cisplatin and gemcitabine					
Tislelizumab	200 mg or 400 mg	200 mg or 400 mg	2 x 100 mg or 4 x 100 mg	17.4 or 8.7	34.8 x 100 mg
Cisplatin	80 mg/m² = 152.8 mg	152.8 mg	1 x 100 mg + 1 x 50 mg + 1 x 10 mg	6.0	6.0 x 100 mg + 6.0 x 50 mg + 6.0 x 10 mg
Gemcitabine	1,000 mg/m² = 1,910 mg	1,910 mg	2 x 1,000 mg	12.0	24.0 x 1,000 mg
Appropriate comparator therapy					
Cisplatin in combination with gemcitabine					
Cisplatin	80 mg/m² = 152.8 mg	152.8 mg	1 x 100 mg + 1 x 50 mg + 1 x 10 mg	6.0	6.0 x 100 mg + 6.0 x 50 mg + 6.0 x 10 mg
Gemcitabine	1,000 mg/m² = 1,910 mg	1,910 mg	2 x 1,000 mg	12.0	24.0 x 1,000 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.

[3] Hong S et al. Gemcitabine Plus Cisplatin Versus Fluorouracil Plus Cisplatin as First-Line Therapy for Recurrent or Metastatic Nasopharyngeal Carcinoma: Final Overall Survival Analysis of GEM20110714 Phase III Study. J Clin Oncol. 2021 Oct 10;39(29):3273-3282

[4] Zhang L, Huang Y, Hong S, et al. Gemcitabine plus cisplatin versus fluorouracil plus cisplatin in recurrent or metastatic nasopharyngeal carcinoma: a multicentre, randomised, open-label, phase 3 trial. Lancet 2016; 388:1883.

Costs of the medicinal products:

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					
Tislelizumab 100 mg	1 CIS	€ 1,826.19	€ 1.77	€ 101.00	€ 1,723.42
Cisplatin 10 mg	1 CIS	€ 17.53	€ 1.77	€ 0.30	€ 15.46
Cisplatin 50 mg	1 CIS	€ 47.71	€ 1.77	€ 1.73	€ 44.21
Cisplatin 100 mg	1 CIS	€ 76.59	€ 1.77	€ 3.10	€ 71.72
Gemcitabine 1,000 mg	1 PIF	€ 102.35	€ 1.77	€ 10.62	€ 89.96
Appropriate comparator therapy					
Cisplatin 10 mg	1 CIS	€ 17.53	€ 1.77	€ 0.30	€ 15.46
Cisplatin 50 mg	1 CIS	€ 47.71	€ 1.77	€ 1.73	€ 44.21
Cisplatin 100 mg	1 CIS	€ 76.59	€ 1.77	€ 3.10	€ 71.72
Gemcitabine 1,000 mg	1 PIF	€ 102.35	€ 1.77	€ 10.62	€ 89.96
Abbreviations: CIS = concentrate for the preparation of an infusion solution					

LAUER-TAXE® last revised: 15 January 2026

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.

As the appropriate comparator therapy in the present case was exceptionally determined as the off-label use of medicinal products, no statement can be made as to whether there are regular differences in the necessary use of medical treatment or in the prescription of other services when using the medicinal product to be assessed compared with the appropriate comparator therapy according to the product information. Therefore, no costs for additionally required SHI services are taken into account here.

Other SHI services:

The special agreement on contractual unit costs of retail pharmacist services (Hilfstaxe) (Sections 4 and 5 of the Pharmaceutical Price Ordinance) from 1 October 2009 is not fully used to calculate costs. Alternatively, the pharmacy sales price publicly accessible in the directory services according to Section 131 paragraph 4 SGB V is a suitable basis for a standardised calculation.

According to the currently valid version of the special agreement on contractual unit costs of retail pharmacist services (Hilfstaxe), surcharges for the production of parenteral preparations containing cytostatic agents a maximum amount of € 100 per ready-to-use preparation, and for the production of parenteral solutions containing monoclonal antibodies a maximum of € 100 per ready-to-apply unit are to be payable. These additional other costs are not added to the pharmacy sales price but rather follow the rules for calculating in the Hilfstaxe. The cost representation is based on the pharmacy retail price and the maximum surcharge for the preparation and is only an approximation of the treatment costs. This presentation does not take into account, for example, the rebates on the pharmacy purchase price of the active ingredient, the invoicing of discards, the calculation of application containers, and carrier solutions in accordance with the regulations in Annex 3 of the Hilfstaxe.

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 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 data from the product 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 statutory 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:

Adults with recurrent, not amenable to curative surgery or radiotherapy, or metastatic nasopharyngeal carcinoma (NPC); first-line treatment

No medicinal product with new active ingredients for use in combination therapy in compliance with the requirements of Section 35a, paragraph 3, sentence 4 SGB V.
References:
Product information for tislelizumab (Tevimbra); Tevimbra 100 mg concentrate for the preparation of an infusion solution; last revised: 20.01.2025

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 7 January 2025, the Subcommittee on Medicinal Products determined the appropriate comparator therapy.

A review of the appropriate comparator therapy took place. The Subcommittee on Medicinal Products newly determined the appropriate comparator therapy at their session on 12 August 2025.

On 17 September 2025, the pharmaceutical company submitted a dossier for the benefit assessment of tislelizumab to the G-BA in due time in accordance with Chapter 5 Section 8, paragraph 2 VerfO.

By letter dated 18 September 2025 in conjunction with the G-BA resolution of 1 August 2011 concerning the commissioning of the IQWiG to assess the benefit 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 tislelizumab.

The dossier assessment by the IQWiG was submitted to the G-BA on 22 December 2025, and the written statement procedure was initiated with publication on the G-BA website on 2 January 2026. The deadline for submitting statements was 23 January 2026.

The oral hearing took place on 9 February 2026.

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 Subcommittee's session on 10 March 2026, and the draft resolution was approved.

At their session on 19 March 2026, the plenum adopted a resolution to amend the Pharmaceuticals Directive.

Chronological course of consultation

Session	Date	Subject of consultation
Subcommittee on Medicinal products	7 January 2025	Determination of the appropriate comparator therapy
Subcommittee on Medicinal products	12 August 2025	New determination of the appropriate comparator therapy
Working group Section 35a	4 February 2026	Information on written statements received; preparation of the oral hearing
Subcommittee on Medicinal products	9 February 2026	Conduct of the oral hearing
Working group Section 35a	18 February 2026 4 March 2026	Consultation on the dossier assessment by the IQWiG and evaluation of the written statement procedure
Subcommittee on Medicinal products	10 March 2026	Concluding discussion of the draft resolution
Plenum	19 March 2026	Adoption of the resolution on the amendment of the Pharmaceuticals Directive

Berlin, 19 March 2026

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

Prof. Hecken