Gemeinsamer Bundesausschuss

Justification

for 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
Iptacopan (reassessment of an orphan drug after exceeding the EUR 30 million limit: complement 3 glomerulopathy)

From 4 June 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 iptacopan (Fabhalta) was listed for the first time on 1 July 2024 in the "LAUER-TAXE®", the extensive German registry of available drugs and their prices.

On 31 March 2025, iptacopan 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 from 12.12.2008, sentence 7).

Fabhalta for the treatment of complement 3 glomerulopathy is approved as a medicinal product for the treatment of rare diseases under Regulation (EC) No. 141/2000 of the European Parliament and the Council of 16 December 1999.

If the sales of the orphan drug through the statutory health insurance at pharmacy sales prices and outside the scope of SHI-accredited medical care, including value-added tax, exceed an

amount of € 30 million in the last twelve calendar months, the pharmaceutical company must submit evidence in accordance with Chapter 5, Section 5, paragraphs 1 to 6 Rules of Procedure (VerfO) within three months of being requested to do so by the Federal Joint Committee, and in this evidence, must demonstrate the additional benefit compared to the appropriate comparator therapy.

By letter dated 7 July 2025, the pharmaceutical company was requested to submit a dossier for the benefit assessment according to Section 35a SGB V by 15 December 2025, due to exceeding the € 30 million turnover limit within the period from July 2024 to June 2025.

At their session on 21 August 2025, the G-BA decided on the discontinuation of the ongoing benefit assessment procedure - according to Section 35a, paragraph 1, sentence 11 SGB V in conjunction with Chapter 5, Section 12, paragraph 1 VerfO - of iptacopan in the therapeutic indication "complement 3 glomerulopathy" as the EUR 30 million turnover limit was exceeded during the procedure.

Pursuant to Section 4, paragraph 3, number 4 of the Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV) in conjunction with Chapter 5, Section 8, paragraph 1, number 6 Rules of Procedure (VerfO), the pharmaceutical company submitted the final dossier to the G-BA on 12 December 2025.

The G-BA commissioned the IQWiG to carry out the assessment of the dossier. The benefit assessment was published on 16 March 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 iptacopan compared to 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. 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 iptacopan.

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:

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

2.1.1 Approved therapeutic indication of Iptacopan (Fabhalta) in accordance with the product information

FABHALTA is indicated for the treatment of adult patients with complement 3 glomerulopathy (C3G) in combination with a renin-angiotensin system (RAS) inhibitor, or in patients who are RAS-inhibitor intolerant, or for whom a RAS inhibitor is contraindicated.

Therapeutic indication of the resolution (resolution of 04.06.2026):

See the approved therapeutic indication

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

2.1.2 Appropriate comparator therapy

The appropriate comparator therapy was determined as follows:

Adults with complement 3 glomerulopathy (C3G)

Appropriate comparator therapy for iptacopan, alone or in combination with renin-angiotensin system (RAS) inhibitors:

- Mycophenolate mofetil in combination with corticosteroids

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 for 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 for 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 iptacopan, pegcetacoplan is also approved for the present therapeutic indication. Dapagliflozin and empagliflozin are generally approved for the treatment of chronic kidney disease.

On 2. Non-medicinal treatment is not indicated in the therapeutic indication. It is assumed that a slowing of disease progression in patients is sought in the planned therapeutic indication, meaning that renal replacement therapy in the form of dialysis or transplantation is not yet included for the patients.

On 3. No resolutions of the G-BA are available in the therapeutic indication under consideration here.

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.

According to the S3 guideline on glomerulonephritis, the treatment of moderate to severe C3G should involve immunosuppressive therapy with mycophenolate mofetil in combination with corticosteroids, in addition to supportive, nephroprotective basic therapy. The recommendation on immunosuppressive therapy is based on evidence from retrospective cohort studies[2,3,4,5]. However, neither the active ingredient mycophenolate mofetil nor corticosteroids are approved for the present treatment setting of C3G. Consequently, the use of mycophenolate mofetil in combination with corticosteroids constitutes off-label use.

[2] Rabasco C, Cavero T, Roman E, et al. Effectiveness of mycophenolate mofetil in C3 glomerulonephritis. Kidney Int. 2015;88:1153–1160

[3] Avasare RS, Canetta PA, Bomback AS, et al. Mycophenolate mofetil in combination with steroids for treatment of C3 glomerulopathy: a case series. Clin J Am Soc Nephrol. 2018;13:406–413

[4] Ravindran A, Fervenza FC, Smith RJH, et al. C3 glomerulopathy: ten years' experience at Mayo Clinic. Mayo Clin Proc. 2018;93:991–1008

[5] Bomback AS, Santoriello D, Avasare RS, et al. C3 glomerulonephritis and dense deposit disease share a similar disease course in a large United States cohort of patients with C3 glomerulopathy. Kidney Int. 2018;93: 977–985.

In addition, the active ingredient pegcetacoplan is indicated for the treatment of adult and adolescent patients aged 12 to 17 years with C3G or primary immune complex-mediated membranoproliferative glomerulonephritis (IC-MPGN) in combination with a renin-angiotensin system (RAS) inhibitor, unless treatment with a RAS inhibitor is not tolerated or is contraindicated. The active ingredient pegcetacoplan is a new treatment option in the present therapeutic indication. The active ingredient was only recently approved (marketing authorisation on 15 January 2026).

As the resolution of the G-BA on the benefit assessment in accordance with Section 35a SGBV for the approved active ingredient pegcetacoplan in the therapeutic indication to be assessed is still pending, there is currently a lack of a sound basis for decision-making in order to be able to carry out a structured, evidence-based assessment of the newly approved active ingredient also in relation to the active ingredients that constitute the therapy standard in the therapeutic indication. Against this background, the active ingredient pegcetacoplan could not yet be taken into account with regard to the determination of the therapy standard in the therapeutic indication to be assessed in accordance with Section 6, paragraph 2, sentence 3 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV).

According to the generally recognised state of medical knowledge, it can be concluded in the overall assessment that the off-label use of mycophenolate mofetil in combination with corticosteroids is considered the therapy standard for patients with C3G.

For patients with C3G, the off-label use of mycophenolate mofetil in combination with corticosteroids shall therefore generally be preferred to the approved active ingredient pegcetacoplan (Section 6, paragraph 2, sentence 3, number 2 AM-NutzenV). Therefore, it is appropriate to determine the off-label use of mycophenolate mofetil in combination with corticosteroids as the appropriate comparator therapy.

In the overall assessment, immunosuppressive therapy with mycophenolate mofetil in combination with corticosteroids is therefore considered appropriate for adults with C3G.

Supportive nephroprotective basic therapy

According to the S3 guideline, ACE inhibitors or AT1 antagonists should be used as supportive basic therapy for nephroprotection and blood pressure control in C3G. It can be assumed that most patients with C3G have hypertension. Neither ACE inhibitors nor AT1 antagonists are approved for the treatment of renal disease in patients who do not have hypertension or diabetes mellitus. Nevertheless, the S3 guideline strongly recommends treating all patients with glomerulonephritis and proteinuria with an ACE inhibitor or AT1 antagonist.

Dapagliflozin and empagliflozin are generally approved for the treatment of adults with chronic renal disease and are used in the present therapeutic indication as part of supportive basic therapy in addition to RAS inhibition.

The use of ACE inhibitors and AT1 antagonists is medically necessary even in patients with C3G who do not have hypertension or diabetes mellitus. The two therapy options are not approved for this patient group. According to the available evidence, ACE inhibitors and AT1 antagonists in combination with an SGLT2 inhibitor are considered the therapy standard in the medical treatment situation for the therapeutic indication to be assessed according to the generally recognised state of medical knowledge, and shall generally be preferred to the use of approved SGLT2 inhibitors alone. In accordance with Section 6, paragraph 2, sentence 3, number 3 AM-NutzenV, it is

therefore appropriate to determine the off-label use of ACE inhibitors and AT1 antagonists as part of a supportive basic therapy within the appropriate comparator therapy for this patient population.

It is therefore assumed that patients in both treatment arms receive supportive basic therapy for nephroprotection and blood pressure control, comprising the maximum tolerated dose of ACE inhibitors/ AT1 antagonists in combination with an SGLT2 inhibitor.

The 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 iptacopan is assessed as follows:

For adults with complement 3 glomerulopathy, the additional benefit is not proven.

Justification:

For the benefit assessment, the pharmaceutical company presented analyses of the double-blind, randomised, placebo-controlled APPEAR-C3G study.

Patients aged between 12 and 60 years with complement 3 glomerulopathy were enrolled in the study. Only the adult cohort is relevant for the present assessment. The diagnosis was confirmed by a kidney biopsy taken 12 months prior to screening or by a biopsy taken on day −45. Patients must have been receiving a renin-angiotensin system (RAS) inhibitor at the maximum recommended or tolerated dose for ≥ 90 days prior to randomisation. Furthermore, the urine protein-to-creatinine ratio (UPCR) had to be ≥ 1 g/g and the glomerular filtration rate (GFR) ≥ 30 ml/min/1.73 m².

A total of 74 patients were randomly assigned to receive treatment with iptacopan (N = 38) or a placebo (N = 36). A ratio of 1:1 was applied to the adult cohort relevant here. Randomisation was stratified by prior therapy with mycophenolic acid and/or glucocorticoids (yes vs no).

The study is divided into a screening phase (up to 90 days), a 6-month treatment phase and a 30-day follow-up phase. The primary endpoint was proteinuria at month 6. Secondary endpoints included endpoints in the categories of morbidity, health-related quality of life and side effects.

On the relevant sub-population for the benefit assessment

In the dossier, the pharmaceutical company presented a sub-population of patients who received mycophenolate mofetil (MMF) and corticosteroids (GC) as pretreatment and concomitant therapy (N = 9 per study arm) to enable a randomised comparison with the appropriate comparator therapy in the context of an add-on design. Due to the study design, data on iptacopan are only available as an add-on therapy to MMF + GC.

Extent and probability of the additional benefit

Mortality

No deaths occurred in the relevant sub-population.

Morbidity

Fatigue (FACIT-Fatigue, PGI-S)
The endpoint of fatigue is fundamentally relevant to the assessment. In their dossier, the pharmaceutical company presented analyses of this patient-reported endpoint on the basis of data collected using the Functional Assessment of Chronic Illness Therapy (FACIT-Fatigue) and the Patient Global Impression of Severity (PGI-S). In view of the analyses presented, there may have been double counting with regard to the "fatigue" endpoint.

However, the analyses of the patient-reported endpoints of the APPEAR-C3G study are unsuitable, as baseline values are available for only 6 of the 9 patients in the comparator arm. This indicates a significant difference between the treatment groups (> 15 percentage points) in terms of the percentage of patients who were not included in the analysis.

Health status (EQ-5D-VAS)
The endpoint of health status is fundamentally relevant to the assessment. In their dossier, the pharmaceutical company presented analyses of this patient-reported endpoint on the basis of data collected using the EQ-5D VAS. However, the analyses of the patient-reported endpoints of the APPEAR-C3G study are unsuitable (see explanations on the endpoint of fatigue).

Proteinuria (UPCR)
The pharmaceutical company presented several operationalisations for the endpoint of proteinuria (UPCR, based on a 24-hour urine collection), including the change in UPCR from baseline.

The endpoint is a laboratory parameter without direct reference to symptoms. Within the G-BA, opinions differ as to whether proteinuria constitutes a patient-relevant endpoint per se. As was also addressed in the written statement procedure, proteinuria is a relevant parameter for therapy management in the present therapeutic indication.

The pharmaceutical company did not provide any surrogate validation in the dossier. Nor do they mention in their report any publications that present validation studies based on RCTs in the sense of a correlation analysis between a treatment effect on the surrogate endpoint and a treatment effect on a patient-relevant endpoint. Instead, they cite a publication and a conference paper based on cohort studies. However, there is no targeted research that adequately ensures the completeness of the data basis. On the basis of the available information, assessment of proteinuria as a surrogate endpoint is therefore not possible. The endpoint of proteinuria is therefore only presented additionally.

Estimated glomerular filtration rate (eGFR)
For the endpoint of estimated glomerular filtration rate (eGFR), the pharmaceutical company presented the operationalisations ≤ 10% or ≤ 15% reduction from baseline. The endpoint is a laboratory parameter without direct reference to symptoms. The pharmaceutical company did not provide any surrogate validation in the dossier. Due to the high baseline eGFR values (median: 88 or 106 ml/min/1.73 m²), it can also be assumed that the endpoint does not reflect a noticeable deterioration in renal function for any patient.

In general, eGFR is an important parameter for monitoring clinical history and disease progression. Within the G-BA, opinions differ as to whether renal function measured by eGFR constitutes a patient-relevant endpoint per se. The endpoint is therefore not used for the benefit assessment.

Quality of life

SF-36
The physical component summary (PCS) score and mental component summary (MCS) score of the Short Form-36 Health Survey (SF-36) are fundamentally relevant to the assessment. However, in their dossier, the pharmaceutical company presented unsuitable analyses of this patient-reported endpoint (see the explanations on the endpoint of fatigue).

Side effects

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

Discontinuation due to adverse events (AEs)
There was no case of "discontinuation due to AEs" in the relevant sub-population.

Specific AEs
Detailed analysis of the specific AEs "Infections", operationalised as infections and infestations (SOC, AEs and SAEs), there was no statistically significant difference between the treatment arms with regard to "Infections (AEs)", whilst no events occurred in the relevant sub-population with regard to "Infections (SAEs)".

Overall assessment

The double-blind, randomised, placebo-controlled APPEAR-C3G study, which includes patients aged between 12 and 60 years with complement 3 glomerulopathy, is available for the benefit assessment. The relevant sub-population comprises adult patients who received either iptacopan or placebo, in addition to mycophenolate mofetil and corticosteroids.

No deaths occurred in the relevant sub-population of the study.

No suitable data were available for the endpoints of fatigue (FACIT-Fatigue, PGI-S) and health status (EQ-5D-VAS) in the morbidity category.

In the category of health-related quality of life as well, no suitable data were available for the SF-36 endpoint (physical component summary score and mental component summary score).

In the category of side effects, there was no statistically significant difference between the treatment arms in terms of the overall rates of SAEs. Furthermore, there was no therapy discontinuation due to AEs in the relevant sub-population.

In the overall assessment of the results, the data presented are insufficient overall to justify the derivation of an additional benefit compared to the appropriate comparator therapy. An additional benefit is therefore not proven.

2.1.4 Summary of the assessment

The present assessment is the benefit assessment of the active ingredient iptacopan due to exceeding the EUR 30 million turnover limit. The medicinal product Fabhalta was approved as an orphan drug. The therapeutic indication assessed here is as follows: "FABHALTA is indicated for the treatment of adult patients with complement 3 glomerulopathy (C3G) in combination with a renin-angiotensin system (RAS) inhibitor, or in patients who are RAS-inhibitor intolerant, or for whom a RAS inhibitor is contraindicated."

The G-BA determined the appropriate comparator therapy to be mycophenolate mofetil in combination with corticosteroids. The pharmaceutical company presented a sub-population of the APPEAR-C3G RCT, in which iptacopan was compared with placebo, in each case in combination with mycophenolate mofetil and corticosteroids.

No deaths occurred in the relevant sub-population.

No suitable data are available for the morbidity endpoints of fatigue (FACIT-Fatigue, PGI-S) and health status (EQ-5D-VAS). The results for the surrogate endpoint of proteinuria are only presented additionally.

No suitable data were also available for the quality-of-life endpoint SF-36 (MCS, PCS).

In the category of side effects, there was no statistically significant difference between the treatment arms in terms of the overall rates of SAEs. Furthermore, there was no therapy discontinuation due to AEs in the relevant sub-population.

In the overall assessment of the results, the data presented are insufficient overall to justify the derivation of an additional benefit compared to the appropriate comparator therapy. An additional benefit is therefore 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 G-BA take into account the patient numbers stated in the pharmaceutical company's dossier, which are, however, subject to uncertainty due to various methodological aspects. Uncertainties arise, amongst other things, from the inclusion of patients with other glomerular diseases and from the unclear exclusion of over 50% of potentially relevant patients who do not have an OPC code for a renal biopsy. Overall, the lower limit is therefore considered to be uncertain, whilst the upper limit is likely to be an underestimate.

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 Fabhalta (active ingredient: iptacopan) at the following publicly accessible link (last access: 25 March 2026):

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

In accordance with the European Medicines Agency (EMA) requirements regarding additional risk minimisation measures, the pharmaceutical company must provide training material that contains information for medical professionals and patients (incl. patient card). The training

material contains, in particular, informations and warnings of the increased risk of infection with encapsulated bacteria associated with the use of iptacopan.

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: 1 April 2026). 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, one year is assumed for all medicinal products. 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.

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.

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.

There are no approved medicinal products for the therapy options defined as appropriate comparator therapy in the present therapeutic indication. The cost representation of the individual therapy options is based on the respective referenced sources.

The (daily) doses recommended in the product information or in the labelled publications were used as the basis for calculation.

Corticosteroids are classified into several reference price groups. For example, prednisolone is cited as a representative from the product class of oral glucocorticoids for economic reasons.

Adults with complement 3 glomerulopathy (C3G)

Treatment period:

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Medicinal product to be assessed:				
Iptacopan	Continuously, 2 x daily	365.0	1	365.0
Appropriate comparator therapy				
Mycophenolate mofetil in combination with corticosteroids				
Mycophenolate mofetil	Continuously, 1[6] x or 2[7] x daily	365.0	1	365.0
Prednisone	Continuously, 1 x daily	365.0	1	365.0

Consumption:

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:					
Iptacopan	200 mg	400 mg	2 x 200 mg	365.0	730 x 200 mg
Appropriate comparator therapy					
Mycophenolate mofetil in combination with corticosteroids					
Mycophenolate mofetil	1,000 mg	1,000 mg[6] or 2,000 mg[7]	2 x 500 mg or 4 x 500 mg	365.0	730 x 500 mg or 1,460 x 500 mg
Prednisone	2.5 mg – 5 mg	2.5 mg – 5 mg	0.5[8] x 5 mg – 1 x 5 mg	365.0	182.5 x 5 mg – 365 x 5 mg

Costs:

[6] Rabasco C, Cavero T, Roman E et al. Effectiveness of mycophenolate mofetil in C3 glomerulonephritis. Kidney Int 2015; 88(5): 1153-1160. https://doi.org/10.1038/ki.2015.227.
[7] Avasare RS, Canetta PA, Bomback AS et al. Mycophenolate Mofetil in Combination with Steroids for Treatment of C3 Glomerulopathy: A Case Series. Clin J Am Soc Nephrol 2018; 13(3): 406-413. https://doi.org/10.2215/CJN.09080817.
[8] Tablets divisible into 2 equal-dose halves

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:

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:					
Iptacopan 200 mg	168 HC	€ 93,519.58	€ 1.77	€ 5,340.33	€ 88,177.48
Appropriate comparator therapy					
Mycophenolate mofetil 500 mg[9]	250 FCT	€ 409.94	€ 1.77	€ 31.53	€ 376.64
Prednisone 5 mg[9]	100 TAB	€ 16.74	€ 1.77	€ 0.43	€ 14.54
Abbreviations: FCT = film-coated tablets; HC = hard capsules; TAB = tablets					

LAUER-TAXE® last revised: 1 April 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 mycophenolate mofetil in combination with corticosteroids, 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, the costs of any additional SHI services required for the above-mentioned therapy options are not taken into account in this case.

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

[9] Fixed reimbursement rate

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 complement 3 glomerulopathy (C3G)

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 iptacopan (Fabhalta); FABHALTA® 200 mg hard capsules; last revised: September 25

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 29 October 2024, the Subcommittee on Medicinal Products determined the appropriate comparator therapy.

On 12 December 2025, the pharmaceutical company submitted a dossier for the benefit assessment of iptacopan to the G-BA in due time in accordance with Chapter 5, Section 8, paragraph 1, number 4 VerfO.

By letter dated 15 December 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 iptacopan.

The dossier assessment by the IQWiG was submitted to the G-BA on 11 March 2026, and the written statement procedure was initiated with publication on the G-BA website on 16 March 2026. The deadline for submitting written statements was 7 April 2026.

The oral hearing was held on 27 April 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 were discussed at the Subcommittee's session on 27 May 2026, and deliberation of the draft resolution was concluded.

At their session on 4 June 2026, the plenum adopted a resolution to amend the Pharmaceuticals Directive.

Chronological course of consultation

Session	Date	Subject of consultation
Subcommittee on Medicinal Products	29 October 2024	Determination of the appropriate comparator therapy
Working group Section 35a	14 April 2026	Information on written statements received; preparation of the oral hearing
Subcommittee on Medicinal Products	27 April 2026	Conduct of the oral hearing,
Working group Section 35a	5 May 2026 19 May 2026	Consultation on the dossier assessment by the IQWiG and evaluation of the written statement procedure
Subcommittee on Medicinal Products	27 May 2026	Concluding discussion of the draft resolution
Plenum	4 June 2026	Adoption of the resolution on the amendment of the Pharmaceuticals Directive

Berlin, 4 June 2026

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

Prof. Hecken