Gemeinsamer Bundesausschuss

Resolution

of the Federal Joint Committee on an Amendment of the Pharmaceuticals Directive:
Annex XII – Benefit Assessment of Medicinal Products with New Active Ingredients according to Section 35a SGB V
Mirikizumab (new therapeutic indication: Crohn's disease, pretreated)

of 4 September 2025

At their session on 4 September 2025, the Federal Joint Committee (G-BA) resolved to amend the Pharmaceuticals Directive (AM-RL) in the version dated 18 December 2008 / 22 January 2009 (Federal Gazette, BAnz. No. 49a of 31 March 2009), as last amended by the publication of the resolution of D Month YYYY (Federal Gazette, BAnz AT DD.MM.YYYY BX), as follows:

I. In Annex XII, the following information shall be added after No. 5 to the information on the benefit assessment of Mirikizumab in accordance with the resolution of 18 January 2024:

Mirikizumab

Resolution of: 4 September 2025
Entry into force on: 4 September 2025
Federal Gazette, BAnz AT DD. MM YYYY Bx

New therapeutic indication (according to the marketing authorisation of 12 February 2025):

Adult patients with moderately to severely active Crohn's disease who have had an inadequate response with, lost response to, or were intolerant to either conventional therapy or a biologic treatment.

Therapeutic indication of the resolution (resolution of 4 September 2025):

See new therapeutic indication according to marketing authorisation.

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

a) Adults with moderately to severely active Crohn's disease who have had an inadequate response, lost response or were intolerant to conventional therapy

Appropriate comparator therapy:

- Adalimumab or infliximab or risankizumab or ustekinumab or vedolizumab

Extent and probability of the additional benefit of mirikizumab compared to ustekinumab:

An additional benefit is not proven.

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

Appropriate comparator therapy:

- Adalimumab or infliximab or risankizumab or upadacitinib or ustekinumab or vedolizumab

Extent and probability of the additional benefit of mirikizumab compared to ustekinumab:

An additional benefit is not proven.

Study results according to endpoints:[1]

a) Adults with moderately to severely active Crohn's disease who have had an inadequate response, lost response or were intolerant to conventional therapy

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	↔	No relevant difference for the benefit assessment.
Morbidity	↔	No relevant differences for the benefit assessment.
Health-related quality of life	↔	No relevant differences for the benefit assessment.
Side effects	↔	No relevant differences for the benefit assessment.
Explanations: ↑: statistically significant and relevant positive effect with low/unclear reliability of data ↓: statistically significant and relevant negative effect with low/unclear reliability of data ↑↑: statistically significant and relevant positive effect with high reliability of data ↓↓: statistically significant and relevant negative effect with high reliability of data ↔: no statistically significant or relevant difference ∅: No data available. n.a.: not assessable		

VIVID-1 study: double-blind RCT; mirikizumab vs ustekinumab

Mortality (week 52)

Endpoint	Mirikizumab		Ustekinumab		Mirikizumab vs ustekinumab
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI] p value[a]
Overall mortality[b]	331	0 (0)	164	1 (0.6)	-

[1] Data from the dossier assessment of the IQWiG (A25-42) and from the addendum (A25-99), unless otherwise indicated.

Morbidity (week 52)

Endpoint	Mirikizumab		Ustekinumab		Mirikizumab vs ustekinumab
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI] p value[a]
Corticosteroid-free clinical remission (PRO2)[c, d]	331	151 (45.6)	164	71 (43.3)	1.04 [0.84; 1.29]; 0.691
Clinical remission (PRO2) [c, d]	331	182 (55.0)	164	83 (50.6)	1.08 [0.90; 1.29]; 0.411
Bowel symptoms (IBDQ – improvement[f])	331	225 (68.0)	164	108 (65.9)	1.02 [0.89; 1.16]; 0.774
Systemic symptoms (IBDQ – improvement[g])	331	196 (59.2)	164	98 (59.8)	0.98 [0.84; 1.14]; 0.769
Remission of the imperative urge to defecate (Urgency NRS)[h]	331	132 (39.9)	164	61 (37.2)	1.06 [0.83; 1.35]; 0.629
Extraintestinal manifestations	No suitable data[d]				
Fistulas	No suitable data[d]				
Fatigue (FACIT-Fatigue – improvement[i])	331	139 (42.0)	164	73 (44.5)	0.93 [0.75; 1.14]; 0.490
Health status (EQ-5D VAS – improvement[j])	331	171 (51.7)	164	89 (54.3)	0.94 [0.79; 1.12]; 0.499
Activity impairment (WPAI-CD item 6)	No suitable data[d]				

Health-related quality of life (week 52)

Endpoint	Mirikizumab		Ustekinumab		Mirikizumab vs ustekinumab
	N	Patients with event n (%)	N	Patients with event n (%)	Effect estimator [95% CI] p value[a]
IBDQ total score (improvement[k])	331	207 (62.5)	164	98 (59.8)	1.03 [0.89; 1.20]; 0.659
Bowel symptoms[f]	331	225 (68.0)	164	108 (65.9)	1.02 [0.89; 1.16]; –
Systemic symptoms[g]	331	196 (59.2)	164	98 (59.8)	0.98 [0.84; 1.14]; –
Emotional functioning[k]	331	184 (55.6)	164	89 (54.3)	1.01 [0.85; 1.20]; –
Social functioning[k]	331	203 (61.3)	164	104 (63.4)	0.96 [0.83; 1.10]; –
SF-36 – improvement[l]					
Physical Component Summary (PCS) score	331	152 (45.9)	164	71 (43.3)	1.05 [0.85; 1.29]; 0.656
Mental Component Summary (MCS) score	331	96 (29.0)	164	51 (31.1)	0.92 [0.70; 1.22]; 0.581

Side effects (week 52)

Endpoint	Mirikizumab		Ustekinumab		Mirikizumab vs ustekinumab
	N	Patients with event n (%)	N	Patients with event n (%)	Effect estimator [95% CI] p value[a]
AEs (presented additionally)	331	245 (74.0)	164	118 (72.0)	–
SAEs	331	22 (6.6)	164	14 (8.5)	0.78 [0.41; 1.48]; 0.465[m]
Therapy discontinuation due to AEs	331	20 (6.0)	164	4 (2.4)	2.48 [0.86; 7.13]; 0.117[m]
Infections[n]	331	131 (39.6)	164	51 (31.1)	1.27 [0.98; 1.66]; 0.075[m]

a. RR stratified by SES-CD total score at the start of the study (< 12 points vs ≥ 12 points) and either CDAI-SF ≥ 7 points and/or CDAI-AP ≥ 2.5 points at the start of the study (yes vs no/ unknown) with associated

95% CI according to the Mantel-Haenszel-Sato method and p value of the Cochran-Mantel-Haenszel test

b. The results on overall mortality are based on the data on fatal AEs.
c. Predefined as the percentage of patients with unweighted daily average SF ≤ 3 and unweighted daily average AP ≤ 1 at week 52. At the same time, both values at week 52 may not be worse than at the start of the study. For the corticosteroid-free clinical remission, patients may also not have been treated with corticosteroids between weeks 40 and 52.
d. At week 52, a total of 230 (69.5%) vs 107 (65.2%) of the patients had an unweighted daily average SF value ≤ 3 and 200 (60.4%) vs 96 (58.5%) of the patients had an unweighted daily average AP value ≤ 1. No information is available on the percentage of patients who were not treated with corticosteroids between week 40 and week 52.
e. Defined as CDAI-AP score = 0
f. An increase in score by ≥ 9 points compared to the start of the study is considered clinically relevant improvement (scale range: 10 to 70).
g. An increase in score by ≥ 4.5 points compared to the start of the study is considered clinically relevant improvement (scale range: 5 to 35).
h. Defined as Urgency NRS score ≤ 2
i. An increase in score by ≥ 8 points compared to the start of the study is considered clinically relevant improvement (scale range: 0 to 52).
j. An increase in score by ≥ 15 points compared to the start of the study is considered clinically relevant improvement (scale range: 0 to 100).
k. An increase in score by ≥ 15% of the scale range compared to the start of the study is considered clinically relevant improvement (range of the scales: 32 to 224 [total score], 12 to 84 [emotional functioning] and 5 to 35 [social functioning]).
l. An increase in PCS by ≥ 9.4 points and MCS by ≥ 9.6 points compared to the start of the study is considered clinically relevant improvement (range of the scales: 7.3 to 70.1 for PCS and 5.8 to 69.9 for MCS; determined using the 2009 normative sample [23]).
m. RR without consideration of stratification factors, 95% CI according to Wald and p value of Fisher's exact test
n. Operationalised as infections and infestations (SOC, AEs)

Abbreviations used:
AP: abdominal pain; CDAI: Crohn's Disease Activity Index; FACIT: Functional Assessment of Chronic Illness Therapy; IBDQ: Inflammatory Bowel Disease Questionnaire; CI: confidence interval; n: number of patients with (at least 1) event; MCS: mental component summary score; N: number of patients evaluated; n.c.: not calculated; NRS: Numerical Rating Scale; PCS: physical component summary score; PRO2: Patient-reported Outcome 2 (abdominal pain and stool frequency); RCT: randomised controlled trial; RR: relative risk; SES-CD: Simple Endoscopic Score for Crohn's Disease; SF: stool frequency; SF-36: Short-Form-36 Health Survey; SOC: system organ class; SAE: serious adverse event; AE: adverse event; VAS: visual analogue scale; WPAI-CD: Work Productivity and Activity Impairment Questionnaire Crohn’s Disease

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

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	↔	No relevant difference for the benefit assessment.
Morbidity	↔	Overall, no relevant differences for the benefit assessment. Advantage for the endpoint of remission of the imperative urge to defecate (Urgency NRS)
Health-related quality of life	↔	No relevant differences for the benefit assessment.
Side effects	↔	No relevant differences for the benefit assessment. In detail, advantage for the endpoint of specific AEs (infections).
Explanations: ↑: statistically significant and relevant positive effect with low/unclear reliability of data ↓: statistically significant and relevant negative effect with low/unclear reliability of data ↑↑: statistically significant and relevant positive effect with high reliability of data ↓↓: statistically significant and relevant negative effect with high reliability of data ↔: no statistically significant or relevant difference ∅: No data available. n.a.: not assessable		

VIVID-1 study: double-blind RCT; mirikizumab vs ustekinumab

Mortality (week 52)

Endpoint	Mirikizumab		Ustekinumab		Mirikizumab vs ustekinumab
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI] p value[a]
Overall mortality[b]	300	0 (0)	145	0 (0)	-

Morbidity (week 52)

Endpoint	Mirikizumab		Ustekinumab		Mirikizumab vs ustekinumab
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI] p value[a]
Corticosteroid-free clinical remission (PRO2) [c, d]	300	118 (39.3)	145	51 (35.2)	1.12 [0.87; 1.46]; 0.367
Clinical remission (PRO2) [c, d]	300	152 (50.7)	145	67 (46.2)	1.10 [0.90; 1.36]; 0.341
Bowel symptoms (IBDQ – improvement[f])	300	197 (65.7)	145	90 (62.1)	1.06 [0.91; 1.23]; 0.431
Systemic symptoms (IBDQ – improvement[g])	300	165 (55.0)	145	67 (46.2)	1.20 [0.98; 1.47]; 0.073
Remission of the imperative urge to defecate (Urgency NRS)[h]	300	119 (39.7)	145	42 (29.0)	1.38 [1.03; 1.85]; 0.024
Extraintestinal manifestations	No suitable data[d]				
Fistulas	No suitable data[d]				
Fatigue (FACIT-Fatigue – improvement[i])	300	109 (36.3)	145	44 (30.3)	1.22 [0.91; 1.62]; 0.170
Health status (EQ-5D VAS – improvement[j])	300	157 (52.3)	145	64 (44.1)	1.20 [0.97; 1.48]; 0.086
Activity impairment (WPAI-CD item 6)	No suitable data[d]				

Health-related quality of life (week 52)

Endpoint	Mirikizumab		Ustekinumab		Mirikizumab vs ustekinumab
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI] p value[a]
IBDQ total score (improvement[k])	300	167 (55.7)	145	75 (51.7)	1.08 [0.90; 1.31]; 0.390
Bowel symptoms[f]	300	197 (65.7)	145	90 (62.1)	1.06 [0.91; 1.23]; –
Systemic symptoms[g]	300	165 (55.0)	145	67 (46.2)	1.20 [0.98; 1.47]; –
Emotional functioning[k]	300	142 (47.3)	145	66 (45.5)	1.05 [0.85; 1.30]; –
Social functioning[k]	300	161 (53.7)	145	76 (52.4)	1.03 [0.86; 1.24]; –
SF-36 – improvement[l]					
Physical Component Summary (PCS) score	300	129 (43.0)	145	60 (41.4)	1.05 [0.83; 1.33]; 0.669
Mental Component Summary (MCS) score	300	76 (25.3)	145	36 (24.8)	1.02 [0.72; 1.45]; 0.901

Side effects (week 52)

Endpoint	Mirikizumab		Ustekinumab		Mirikizumab vs ustekinumab
	N	Patients with event n (%)	N	Patients with event n (%)	Effect estimator [95% CI] p value[a]
AEs (presented additionally)	299	250 (83.6)	145	121 (83.4)	–
SAEs	299	43 (14.4)	145	19 (13.1)	1.10 [0.66; 1.81]; 0.772[m]
Therapy discontinuation due to AEs	299	12 (4.0)	145	4 (2.8)	1.45 [0.48; 4.43]; 0.597[m]
Infections[n]	299	130 (43.5)	145	79 (54.5)	0.80 [0.66; 0.97]; 0.033[m]

a. RR stratified by SES-CD total score at the start of the study (< 12 points vs ≥ 12 points) and either CDAI-SF ≥ 7 points and/or CDAI-AP ≥ 2.5 points at the start of the study (yes vs no/ unknown) with associated 95% CI according to the Mantel-Haenszel-Sato method and p value of the Cochran-Mantel-Haenszel test

b. The results on overall mortality are based on the data on fatal AEs.
c. Predefined as the percentage of patients with unweighted daily average SF ≤ 3 and unweighted daily average AP ≤ 1 at week 52. At the same time, both values at week 52 may not be worse than at the start of the study. For the corticosteroid-free clinical remission, patients may also not have been treated with corticosteroids between weeks 40 and 52.
d. At week 52, a total of 189 (63%) vs 79 (54.5%) of the patients had an unweighted daily average SF value ≤ 3 and 183 (61%) vs 84 (57.9%) of the patients had an unweighted daily average AP value ≤ 1. No information is available on the percentage of patients who were not treated with corticosteroids between week 40 and week 52.
e. Defined as CDAI-AP score = 0
f. An increase in score by ≥ 9 points compared to the start of the study is considered clinically relevant improvement (scale range: 10 to 70).
g. An increase in score by ≥ 4.5 points compared to the start of the study is considered clinically relevant improvement (scale range: 5 to 35).
h. Defined as Urgency NRS score ≤ 2
i. An increase in score by ≥ 8 points compared to the start of the study is considered clinically relevant improvement (scale range: 0 to 52).
j. An increase in score by ≥ 15 points compared to the start of the study is considered clinically relevant improvement (scale range: 0 to 100).
k. An increase in score by ≥ 15% of the scale range compared to the start of the study is considered clinically relevant improvement (range of the scales: 32 to 224 [total score], 12 to 84 [emotional functioning] and 5 to 35 [social functioning]).
l. An increase in PCS by ≥ 9.4 points and MCS by ≥ 9.6 points compared to the start of the study is considered clinically relevant improvement (range of the scales: 7.3 to 70.1 for PCS and 5.8 to 69.9 for MCS; determined using the 2009 normative sample [23]).
m. RR without consideration of stratification factors, 95% CI according to Wald and p value of Fisher's exact test
n. Operationalised as infections and infestations (SOC, AEs)

Abbreviations used:
AP: abdominal pain; CDAI: Crohn's Disease Activity Index; FACIT: Functional Assessment of Chronic Illness Therapy; IBDQ: Inflammatory Bowel Disease Questionnaire; CI: confidence interval; n: number of patients with (at least 1) event; MCS: mental component summary score; N: number of patients evaluated; n.c.: not calculated; NRS: Numerical Rating Scale; PCS: physical component summary score; PRO2: Patient-reported Outcome 2 (abdominal pain and stool frequency); RCT: randomised controlled trial; RR: relative risk; SES-CD: Simple Endoscopic Score for Crohn's Disease; SF: stool frequency; SF-36: Short-Form-36 Health Survey; SOC: system organ class; SAE: serious adverse event; AE: adverse event; VAS: visual analogue scale; WPAI-CD: Work Productivity and Activity Impairment Questionnaire Crohn's Disease

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

a) Adults with moderately to severely active Crohn's disease who have had an inadequate response, lost response or were intolerant to conventional therapy

Approx. 7,300 – 41,700 patients

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

Approx. 5,300 – 36,600 patients

3. Requirements for a quality-assured application

The requirements in the product information are to be taken into account. The European Medicines Agency (EMA) provides the contents of the product information (summary of product characteristics, SmPC) for Omvoh (active ingredient: mirikizumab) at the following publicly accessible link (last access: 2 July 2025):

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

Treatment with mirikizumab should only be initiated and monitored by specialists experienced in treating ulcerative colitis or Crohn's disease.

4. Treatment costs

Annual treatment costs:

a) Adults with moderately to severely active Crohn's disease who have had an inadequate response, lost response or were intolerant to conventional therapy

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Mirikizumab	€ 5,860.29
Appropriate comparator therapy:	
Adalimumab Additionally required SHI services: Total:	€ 12,193.92 € 10.49 € 12,204.41
Infliximab Additionally required SHI services: Total:	€ 18,141.76 € 10.49 € 18,152.25
Risankizumab	€ 19,003.99
Ustekinumab	€ 23,597.63
Vedolizumab	€ 14,783.13

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

Other SHI services:

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Appropriate comparator therapy for patient populations a) and b)					
Infliximab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	6.5	€ 650

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

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Mirikizumab	€ 5,860.29
Appropriate comparator therapy:	
Adalimumab Additionally required SHI services: Total:	€ 12,193.92 € 10.49 € 12,204.41
Infliximab Additionally required SHI services: Total:	€ 18,141.76 € 10.49 € 18,152.25
Risankizumab	€ 19,003.99
Ustekinumab	€ 23,597.63
Upadacitinib Additionally required SHI services: Total:	€ 14,166.34 - € 18,079.83 € 10.49 € 14,176.83 - € 18,090.32
Vedolizumab	€ 14,783.13

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

Other SHI services:

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Appropriate comparator therapy for patient populations a) and b)					
Infliximab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	6.5	€ 650

5. Designation of medicinal products with new active ingredients according to Section 35a, paragraph 3, sentence 4 SGB V that can be used in a combination therapy with the assessed medicinal product

In the context of the designation of medicinal products with new active ingredients pursuant to Section 35a, paragraph 3, sentence 4 SGB V, the following findings are made:

a) Adults with moderately to severely active Crohn's disease who have had an inadequate response, lost response or were intolerant to conventional therapy

- No medicinal product with new active ingredients that can be used in a combination therapy that fulfils the requirements of Section 35a, paragraph 3, sentence 4 SGB V.

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

- No medicinal product with new active ingredients that can be used in a combination therapy that fulfils the requirements of Section 35a, paragraph 3, sentence 4 SGB V.

The designation of combinations exclusively serves the implementation of the combination discount according to Section 130e SGB V between health insurance funds and pharmaceutical companies. The findings made neither restrict the scope of treatment required to fulfil the medical treatment mandate, nor do they make statements about expediency or economic feasibility.

II. The resolution will enter into force on the day of its publication on the website of the G-BA on 4 September 2025.

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

Berlin, 4 September 2025

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

Prof. Hecken