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:
Upadacitinib (new therapeutic indication: giant cell arteritis)

of 6 November 2025

At their session on 6 November 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 Upadacitinib in accordance with the resolution of 19 October 2023:**

Upadacitinib

Resolution of: 6 November 2025
Entry into force on: 6 November 2025
Federal Gazette, BAnz AT DD. MM YYYY Bx

New therapeutic indication (according to the marketing authorisation of 4 April 2025):

RINVOQ is indicated for the treatment of giant cell arteritis in adult patients.

Therapeutic indication of the resolution (resolution of 6 November 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 giant cell arteritis who are eligible for treatment with glucocorticoids alone

Appropriate comparator therapy:

- a therapy with systemic glucocorticoids

Extent and probability of the additional benefit of upadacitinib compared to systemic glucocorticoids:

Hint for a minor additional benefit

b) Adults with giant cell arteritis who are not eligible for treatment with glucocorticoids alone

Appropriate comparator therapy:

- a therapy with systemic glucocorticoids in combination with tocilizumab

Extent and probability of the additional benefit of upadacitinib compared to the appropriate comparator therapy:

An additional benefit is not proven.

Study results according to endpoints:[1]

a) Adults with giant cell arteritis who are eligible for treatment with glucocorticoids alone

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	↔	No relevant difference for the benefit assessment.
Morbidity	↑	Advantage in the endpoint "sustained remission".
Health-related quality of life	↔	No relevant difference for the benefit assessment.
Side effects	↔	No relevant difference 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		

SELECT-GCA study: Randomised controlled trial over 52 weeks; 15 mg upadacitinib + glucocorticoids (GC) versus placebo + GC; evaluation of the sub-population with new-onset giant cell arteritis

Mortality

Endpoint	Upadacitinib + GC		Placebo + GC		Intervention vs control
	N	Patients with event n (%)	N	Patients with event n (%)	Risk ratio [95% CI]; p value
Overall mortality[a]					
	148	2 (1.4)	76	2 (2.6)	0.51 [0.07; 3.57]; 0.597

[1] Data from the dossier assessment of the IQWiG (A25-66) and from the addendum (A25-125), unless otherwise indicated.

Morbidity

Endpoint	Upadacitinib + GC		Placebo + GC		Intervention vs control
	N	Patients with event n (%)	N	Patients with event n (%)	Risk ratio [95% CI]; p value
Remission[b]					
Sustained remission with GC-dose ≤ 5 mg/day (week 36–52)[c]	148	83 (56.1)	76	28 (36.8)	1.50 [1.08; 2.07]; 0.014[c]
Steroid-free remission at week 52[d] (presented additionally)	148	87 (58.8)	76	28 (36.8)	1.57 [1.14; 2.15]; 0.006[c]
Fatigue (FACIT-Fatigue)[e, f]					
Improvement	148	25 (16.9)	76	8 (10.5)	1.66 [0.67; 4.14]; 0.273[c]
Deterioration	148	28 (18.9)	76	15 (19.7)	0.94 [0.50; 1.79]; 0.861[c]
Health status (EQ-5D VAS)[e, g]					
Improvement	148	38 (25.7)	76	15 (19.7)	1.32 [0.72; 2.44]; 0.370[c]
Deterioration	148	15 (10.1)	76	15 (19.7)	0.54 [0.25; 1.18]; 0.124[c]
Pain (PGIC)[e]					
Strong or very strong improvement	No suitable data.				
Strong or very strong deterioration	148	1 (0.7)	76	1 (1.3)	0.51 [0.03; 8.10]; 0.736[e]

Health-related quality of life

Endpoint	Upadacitinib + GC		Placebo + GC		Intervention vs control
	N	Patients with event n (%)	N	Patients with event n (%)	Risk ratio [95% CI]; p value
SF-36 (week 52)[e, h]					
Physical Component Summary (PCS) score					
Improvement	148	22 (14.9)	76	9 (11.8)	1.18 [0.53; 2.67]; 0.683[c]
Deterioration	148	11 (7.4)	76	7 (9.2)	0.82 [0.26; 2.62]; 0.742[c]
Mental Component Summary (MCS) score					
Improvement	148	21 (14.2)	76	11 (14.5)	1.00 [0.43; 2.31]; 0.996
Deterioration	148	22 (14.9)	76	4 (5.3)	3.02 [0.87; 10.45]; 0.081

Side effects

Endpoint	Upadacitinib + GC		Placebo + GC		Intervention vs control
	N	Patients with event n (%)	N	Patients with event n (%)	Risk ratio [95% CI]; p value
Adverse events in total					
	148	147 (99.3)	76	72 (94.7)	-
Serious adverse events (SAE)					
	148	36 (24.3)	76	19 (25.0)	0.97 [0.60; 1.58]; 0.923
Severe adverse events (CTCAE grade ≥ 3)					
	148	51 (34.5)	76	23 (30.3)	1.14 [0.76; 1.71]; 0.615

Endpoint	Upadacitinib + GC		Placebo + GC		Intervention vs control
	N	Patients with event n (%)	N	Patients with event n (%)	Risk ratio [95% CI]; p value
Therapy discontinuation due to adverse events					
	148	26 (17.6)	76	19 (25.0)	0.70 [0.42; 1.19]; 0.194
Specific adverse events					
Infections (SOC, AEs)	148	96 (64.9)	76	42 (55.3)	1.17 [0.93; 1.48]; 0.172
Serious infections (SOC, SAEs)	148	9 (6.1)	76	8 (10.5)	0.58 [0.23; 1.44]; 0.309

a. Fatalities were collected as part of AEs.
b. Intercurrent events were not included in the evaluation (treatment policy); missing values were replaced using NRI-MI.
c. Defined as (per cent in the intervention arm vs control arm in brackets): Absence of signs and symptoms of GCA (66.2% vs 51.3%) and GC dose ≤ 5mg/day (62.2% vs 44.7%), both in the period from week 36 to week 52.
d. Defined as (per cent in the intervention arm vs control arm in brackets): Absence of signs and symptoms of GCA (79.7% vs 72.4%) and steroid avoidance (60.8% vs 39.5%), both at week 52
e. Intercurrent events were not included in the evaluation (treatment policy); missing values were replaced using MI.
f. An increase/ decrease by ≥ 8 points (15% of the scale range) compared to the start of the study is considered a clinically relevant improvement/ deterioration (range of the scales: 0 to 52).
g. An increase/ decrease by ≥ 15 points (15% of the scale range) compared to the start of the study is considered a clinically relevant improvement/ deterioration (range of the scales: 0 to 100).
h. No information on the subscales is available for the SF-36. An increase/ decrease in PCS by ≥ 9.4 points and MCS by ≥ 9.6 points compared to the start of the study is considered a clinically relevant improvement/ deterioration (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).

Abbreviations used:
CTCAE = Common Terminology Criteria for Adverse Events; FACIT = Functional Assessment of Chronic Illness Therapy; GC = glucocorticoids; CI = confidence interval; MCS = Mental Component Summary; n = number of patients with (at least 1) event; N = number of patients evaluated; NRI-MI = non-responder imputation/ multiple imputation; PCS = Physical Component Summary; PGIC = Patient Global Impression of Change; RCT = randomised controlled trial; RR = relative risk; GCA = giant cell arteritis; SF-36 = Short Form 36; SOC = system organ class; SAE = serious adverse event; AE = adverse event; VAS = visual analogue scale

b) Adults with giant cell arteritis who are not eligible for treatment with glucocorticoids alone

No data available.

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	∅	No data available.
Morbidity	∅	No data available.
Health-related quality of life	∅	No data available.
Side effects	∅	No data available.

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

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

a) Adults with giant cell arteritis who are eligible for treatment with glucocorticoids alone

Approx. 2,600 to 3,200 patients

b) Adults with giant cell arteritis who are not eligible for treatment with glucocorticoids alone

Approx. 10,500 to 12,700 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 Rinvoq (active ingredient: upadacitinib) at the following publicly accessible link (last access: 24 October 2025):

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

Treatment with upadacitinib should only be initiated and monitored by specialists experienced in treating giant cell arteritis.

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 card). In particular, the training and

information material contains instructions on how to deal with any side effects caused by upadacitinib, especially in serious and opportunistic infections, including tuberculosis and herpes zoster, as well as birth defects (pregnancy risk), serious adverse cardiac events, venous thromboembolisms and malignancies.

Prior to initiation of therapy with upadacitinib, it is recommended checking the vaccination status of the patients.

4. Treatment costs

Annual treatment costs:

a) Adults with giant cell arteritis who are eligible for treatment with glucocorticoids alone

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Upadacitinib	€ 14,166.34
Additionally required SHI services	€ 90.96
Prednisolone	Different from patient to patient
Appropriate comparator therapy:	
Prednisolone	Different from patient to patient

Costs after deduction of statutory rebates (LAUER-TAXE® as last revised: 1 September 2025)

b) Adults with giant cell arteritis who are not eligible for treatment with glucocorticoids alone

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Upadacitinib	€ 14,166.34
Additionally required SHI services	€ 19.51
Prednisolone	Different from patient to patient
Appropriate comparator therapy:	
Tocilizumab	€ 21,031.55
Prednisolone	Different from patient to patient

Costs after deduction of statutory rebates (LAUER-TAXE® as last revised: 1 September 2025)

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 giant cell arteritis who are eligible for treatment with glucocorticoids alone

- 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 giant cell arteritis who are not eligible for treatment with glucocorticoids alone

- 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 6 November 2025.

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

Berlin, 6 November 2025

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

Prof. Hecken