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
Nivolumab (new therapeutic indication: unresectable or advanced hepatocellular carcinoma, first-line, combination with ipilimumab)

of 4 December 2025

At their session on 4 December 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. 4 to the information on the benefit assessment of Nivolumab in accordance with the resolution of 19 December 2024:

Nivolumab

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

New therapeutic indication (according to the marketing authorisation of 28 February 2025):

OPDIVO in combination with ipilimumab is indicated for the first-line treatment of adult patients with unresectable or advanced hepatocellular carcinoma.

Therapeutic indication of the resolution (resolution of 4 December 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 unresectable or advanced hepatocellular carcinoma (HCC) with Child-Pugh A or no liver cirrhosis; first-line therapy

Appropriate comparator therapy:

- Atezolizumab in combination with bevacizumab

or

- durvalumab in combination with tremelimumab

Extent and probability of the additional benefit of nivolumab in combination with ipilimumab compared to the appropriate comparator therapy:

An additional benefit is not proven.

b) Adults with unresectable or advanced hepatocellular carcinoma (HCC) with Child-Pugh B; first-line therapy

Appropriate comparator therapy:

- Best supportive care

Extent and probability of the additional benefit of nivolumab in combination with ipilimumab compared to the appropriate comparator therapy:

An additional benefit is not proven.

Study results according to endpoints:[1]

a) Adults with unresectable or advanced hepatocellular carcinoma (HCC) with Child-Pugh A or no liver cirrhosis; first-line therapy

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	n.a.	There are no assessable data.
Morbidity	n.a.	There are no assessable data.
Health-related quality of life	n.a.	There are no assessable data.
Side effects	n.a.	There are no assessable data.
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		

b) Adults with unresectable or advanced hepatocellular carcinoma (HCC) with Child-Pugh B; first-line therapy

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		

[1] Data from the dossier assessment of the Institute for Quality and Efficiency in Health Care (IQWiG) (A25-79) unless otherwise indicated.

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

a) Adults with unresectable or advanced hepatocellular carcinoma (HCC) with Child-Pugh A or no liver cirrhosis; first-line therapy

Approx. 1,440 – 4,150 patients

b) Adults with unresectable or advanced hepatocellular carcinoma (HCC) with Child-Pugh B; first-line therapy

Approx. 460 – 1,320 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 Opdivo (active ingredient: nivolumab) at the following publicly accessible link (last access: 27 November 2025):

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

Treatment with nivolumab should only be initiated and monitored by specialists in internal medicine, haematology and oncology as well as specialists in gastroenterology and other specialists participating in the Oncology Agreement, all of whom are experienced in the treatment of patients with hepatocellular carcinoma.

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, information and warnings about immune-mediated side effects as well as infusion-related reactions.

4. Treatment costs

Annual treatment costs:

a) Adults with unresectable or advanced hepatocellular carcinoma (HCC) with Child-Pugh A or no liver cirrhosis; first-line therapy

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Nivolumab in combination with ipilimumab	
First year of treatment	
Initial treatment	
Nivolumab	€ 3,927.36
Ipilimumab	€ 65,159.08
Total (initial treatment)	€ 69,086.44
Follow-up treatment	
Nivolumab	€ 58,132.00
Total (initial treatment + follow-up treatment)	€ 127,218.44
Second year of treatment	
Nivolumab	€ 75,571.60
Appropriate comparator therapy:	
Atezolizumab in combination with bevacizumab	
First year of treatment and subsequent years	
Atezolizumab	€ 67,771.78
Bevacizumab	€ 33,066.61
Total (atezolizumab + bevacizumab)	€ 100,838.39
Durvalumab in combination with tremelimumab	
First year of treatment	
Durvalumab	€ 77,472.72
Tremelimumab	€ 19,543.15
Total (durvalumab + tremelimumab)	€ 97,015.87
Second year of treatment	
Durvalumab	€ 77,472.72

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

Costs for additionally required SHI services: not applicable

Other SHI services:

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Medicinal product to be assessed					
First year of treatment					
Nivolumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	14 – 24	€ 1,400 – € 2,400
Ipilimumab		€ 100	1	4	€ 400
Second year of treatment					
Nivolumab	Surcharge for the production of parenteral solutions with monoclonal antibodies	€ 100	1	13 - 26	€ 1,300 - € 2,600
Appropriate comparator therapy					
Atezolizumab in combination with bevacizumab					
First year of treatment and subsequent years					
Bevacizumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	17.4	€ 1,740
Durvalumab in combination with tremelimumab					
First year of treatment					
Durvalumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	13	€ 1,300
Tremelimumab		€ 100	1	1	€ 100
Second year of treatment					
Durvalumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	13	€ 1,300

b) Adults with unresectable or advanced hepatocellular carcinoma (HCC) with Child-Pugh B; first-line therapy

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Nivolumab in combination with ipilimumab	
First year of treatment	
Initial treatment	
Nivolumab	€ 3,927.36
Ipilimumab	€ 65,159.08
Total (initial treatment)	€ 69,086.44
Follow-up treatment	
Nivolumab	€ 58,132.00
Total (initial treatment + follow-up treatment)	€ 127,218.44
Best supportive care	Different from patient to patient
Second year of treatment	
Nivolumab	€ 75,571.60
Best supportive care	Different from patient to patient
Appropriate comparator therapy:	
First year of treatment and subsequent years	
Best supportive care	Different from patient to patient

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

Costs for additionally required SHI services: not applicable

Other SHI services:

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Medicinal product to be assessed					
First year of treatment					
Nivolumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	14 – 24	€ 1,400 – € 2,400
Ipilimumab		€ 100	1	4	€ 400
Second year of treatment					

Nivolumab	Surcharge for the production of parenteral solutions with monoclonal antibodies	€ 100	1	13 - 26	€ 1,300 - € 2,600

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 unresectable or advanced hepatocellular carcinoma (HCC) with Child-Pugh A or no liver cirrhosis; first-line therapy patient group

- 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 unresectable or advanced hepatocellular carcinoma (HCC) with Child-Pugh B; first-line 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.

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 December 2025.

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

Berlin, 4 December 2025

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

Prof. Hecken