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 (reassessment after the deadline: urothelial carcinoma, PD-L1 expression ≥ 1%, adjuvant treatment)

From 4 June 2026

At their session on 4 June 2026, 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 information on the benefit assessment of Nivolumab in the version of the resolution of 20 October 2022 (BAnz AT 17.11.2022 B2) shall be amended as follows:

1. After the information

   "Resolution of: 20 October 2022
   Entry into force on: 20 October 2022
   BAnz AT 17.11.2022 B2"

   the information

   "Valid until: patient population b) limited until 15 December 2025" is replaced by the following information:

   "Resolution of: 4 June 2026
   Entry into force on: 4 June 2026
   Federal Gazette, BAnz AT DD. MM YYYY Bx"

2. In the heading "Therapeutic indication of the resolution (resolution of 20 October 2022): see new therapeutic indication according to the marketing authorisation", the information "resolution" is replaced by the information "resolutions" and the information "and of 4 June 2026" is inserted after the information "20 October 2022".

3. After the information "Therapeutic indication of the resolution (resolution of 20 October 2022): see new therapeutic indication according to the marketing authorisation", the information

"Therapeutic indication of the resolution (resolution of 4 June 2026):

"OPDIVO as monotherapy is indicated for the adjuvant treatment of adults with muscle invasive urothelial carcinoma (MIUC) with tumour cell PD-L1 expression ≥ 1%, who are at high risk of recurrence after undergoing radical resection of MIUC, are ineligible for cisplatin-based therapy, or have already received neoadjuvant chemotherapy with cisplatin."

is inserted.

4. In Number 1 "Additional benefit of the medicinal product in relation to the appropriate comparator therapy", the information is amended as follows:

   a) In the information

   "b) Adults with muscle invasive urothelial carcinoma with tumour cell PD-L1 expression ≥ 1%, who are at high risk of recurrence after undergoing complete resection, are ineligible for cisplatin-based therapy, or have already received neoadjuvant treatment; adjuvant treatment"

   the information "treatment" is replaced by the information

   "Chemotherapy with cisplatin"

   .

   b) The information
   "Hint for a non-quantifiable additional benefit" is replaced by the information

   "Hint for a considerable additional benefit"

   .

   c) In the heading "Study results according to endpoints:", the information in superscript footnote 1

   "Data from the dossier assessment of the IQWiG (A22-53) and from the addendum (A22-97), unless otherwise indicated." is replaced by the information

   "Data from the dossier assessments of the IQWiG (A22-53 and A25-154) and from the addenda (A22-97 and A26-45), unless otherwise indicated."

   .

   d) After the information "Study results according to endpoints", the information is amended as follows:

      aa) In the information "b) Adults with muscle invasive urothelial carcinoma with tumour cell PD-L1 expression ≥ 1%, who are at high risk of recurrence after undergoing complete resection, are ineligible for cisplatin-based therapy, or have already received neoadjuvant treatment; adjuvant treatment"

      the information "treatment" is replaced by the information
      "Chemotherapy with cisplatin"

      .

      bb) After the information "b) Adults with muscle invasive urothelial carcinoma with tumour cell PD-L1 expression ≥ 1%, who are at high risk of recurrence after

undergoing complete resection, are ineligible for cisplatin-based therapy, or have already received neoadjuvant treatment; adjuvant treatment", the information

"Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	∅	No data available.
Morbidity	↑	Advantages in the endpoints of recurrences (recurrence rate and disease-free survival) and health status.
Health-related quality of life	↔	No relevant difference for the benefit assessment.
Side effects	↓	Disadvantage in the endpoint of therapy discontinuation due to AEs. In detail, advantages and disadvantages for specific adverse events.
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		

CA209-274 study: Nivolumab vs placebo

Study design: randomised, double-blind

Relevant sub-population: Adults with tumour cell PD-L1 expression ≥ 1% who are ineligible for cisplatin-based therapy

Data cut-offs used:

- 1st data cut-off: August 2020 (morbidity (except recurrence rate and disease-free survival), health-related quality of life, side effects)
- 2nd data cut-off: February 2021 (recurrence rate, disease-free survival)

Mortality

Endpoint	Nivolumab		Placebo		Nivolumab vs placebo
	N	Median survival time in months [95% CI] *Patients with event n (%)*	N	Median survival time in months [95% CI] *Patients with event n (%)*	HR [95% CI] p value Absolute difference (AD)[a]
No data available.					

Morbidity

Endpoint	Nivolumab		Placebo		Nivolumab vs placebo
	N	Median survival time in months [95% CI] *Patients with event n (%)*	N	Median survival time in months [95% CI] *Patients with event n (%)*	HR [95% CI] p value[b] Absolute difference (AD)[a]
Recurrences					
Recurrence rate[c, d]	140	– 56 (40.0)	142	– 85 (59.9)	RR: 0.67 [0.52; 0.85][e] < 0.001[f]
Distant recurrence	140	– 41 (29.3)	142	– 54 (38.0)	–
Local recurrence outside the efferent urinary tract	140	– 7 (5.0)	142	– 20 (14.1)	–
Local recurrence within the efferent urinary tract, invasive	140	– 1 (0.7)	142	– 3 (2.1)	–
Local recurrence within the efferent urinary tract, non-invasive	140	– 2 (1.4)	142	– 2 (1.4)	–
Death of any cause (without previous recurrence)	140	– 5 (3.6)	142	– 6 (4.2)	–
Disease-free survival (DFS)[c]	140	n.r. [22.10; n.c.] 56 (40.0)	142	8.41 [5.59; 20.04] 85 (59.9)	0.53 [0.38; 0.75] < 0.001

Endpoint	Nivolumab		Placebo		Nivolumab vs placebo
	N	Median survival time in months [95% CI] *Patients with event n (%)*	N	Median survival time in months [95% CI] *Patients with event n (%)*	HR [95% CI] p value[b] Absolute difference (AD)[a]
Symptomatology (EORTC QLQ-C30)[g] – Time to first deterioration					
Fatigue	123	4.90 [2.04; 7.39] 77 (62.6)	128	3.78 [2.50; 5.19] 80 (62.5)	0.99 [0.72; 1.36] 0.745
Nausea and vomiting	123	n.r. [15.41; n.c.] 44 (35.8)	128	n.r. 35 (27.3)	1.35 [0.86; 2.11] 0.178
Pain	123	9.69 [5.16; 13.01] 67 (54.5)	128	4.76 [3.25; 7.16] 81 (63.3)	0.75 [0.54; 1.04] 0.079
Dyspnoea	123	15.93 [8.90; n.c.] 51 (41.5)	127	n.r. [12.94; n.c.] 43 (33.9)	1.20 [0.80; 1.80] 0.400
Insomnia	123	n.r. [8.87; n.c.] 48 (39.0)	128	11.04 [5.49; n.c.] 62 (48.4)	0.72 [0.49; 1.06] 0.054
Appetite loss	122	15.90 [9.23; n.c.] 51 (41.8)	128	n.r. [11.73; n.c.] 47 (36.7)	1.21 [0.81; 1.81] 0.614
Constipation	122	n.r. [n.r.; n.c.] 37 (30.3)	127	n.r. 42 (33.1)	0.91 [0.58; 1.42] 0.749
Diarrhoea	122	n.r. [13.83; n.c.] 40 (32.8)	127	n.r. 41 (32.3)	0.94 [0.60; 1.45] 0.739
Health status (EQ-5D VAS)[h] – Time to first deterioration					
	126	18.37 [11.14; n.c.] 59 (46.8)	129	9.00 [5.88; 17.77] 71 (55.0)	0.64 [0.45; 0.91] 0.036 AD = 9.37 months

Health-related quality of life

Endpoint	Nivolumab		Placebo		Nivolumab vs placebo
	N	Median survival time in months [95% CI] *Patients with event n (%)*	N	Median survival time in months [95% CI] *Patients with event n (%)*	HR [95% CI] p value Absolute difference (AD)[a]
EORTC QLQ-C30[g] – Time to first deterioration					
Global health status	123	9.95 [6.93; n.c.] 57 (46.3)	127	10.51 [5.59; n.c.] 64 (50.4)	0.95 [0.66; 1.36] 0.529
Physical functioning	123	16.43 [8.84; n.c.] 48 (39.0)	128	n.r. [9.20; n.c.] 54 (42.2)	0.84 [0.57; 1.24] 0.387
Role functioning	123	8.31 [4.63; 12.75] 68 (55.3)	128	5.55 [4.04; n.c.] 68 (53.1)	0.95 [0.67; 1.34] 0.663
Emotional functioning	123	n.r. [15.24; n.c.] 45 (36.6)	127	13.14 [7.16; n.c.] 53 (41.7)	0.80 [0.53; 1.19] 0.258
Cognitive functioning	123	7.66 [4.67; 15.77] 64 (52.0)	127	8.61 [4.86; n.c.] 64 (50.4)	1.01 [0.71; 1.43] 0.946
Social functioning	122	14.06 [6.47; n.c.] 55 (45.1)	126	n.r. [7.56; n.c.] 52 (41.3)	1.06 [0.73; 1.56] 0.621

Side effects

Endpoint	Nivolumab		Placebo		Nivolumab vs placebo
	N	Median in months [95% CI] *Patients with event n (%)*	N	Median in months [95% CI] *Patients with event n (%)*	HR [95% CI] p value
Total adverse events (presented additionally)[i,j]					
	139	0.49 [0.33; 0.49] 137 (98.6)	139	0.59 [0.49; 0.85] 133 (95.7)	–
Serious adverse events (SAEs)[i,j]					
	139	n.r. [13.80; n.c.] 51 (36.7)	139	n.r. [8.77; n.c.] 56 (40.3)	0.84 [0.58; 1.23] 0.380
Severe adverse events (CTCAE grade ≥ 3)[i,j]					

Endpoint	Nivolumab		Placebo		Nivolumab vs placebo
	N	Median in months [95% CI] *Patients with event n (%)*	N	Median in months [95% CI] *Patients with event n (%)*	HR [95% CI] p value
	139	9.49 [6.11; 13.80] 74 (53.2)	139	n.r. [8.41; n.c.] 59 (42.4)	1.28 [0.91; 1.81] 0.154
Therapy discontinuation due to adverse events [i,j]					
	139	n.r. 28 (20.1)	139	n.r. 14 (10.1)	1.94 [1.02; 3.70] 0.039
Immune-mediated adverse events					
Immune-mediated AEs (presented additionally) [i,l]	139	1.68 [0.95; 2.33] 108 (77.7)	139	4.53 [2.73; 8.05] 80 (57.6)	–
Immune-mediated SAEs [i,l]	139	n.r. 17 (12.2)	139	n.r. 6 (4.3)	2.64 [1.04; 6.72] 0.034
Immune-mediated severe AEs (CTCAE grade ≥ 3) [i,l]	139	n.r. 27 (19.4)	139	n.r. 9 (6.5)	2.89 [1.36; 6.14] 0.004
Specific adverse events [i]					
Skin and subcutaneous tissue disorders (SOC, AE)	139	5.36 [2.79; 10.48] 76 (54.7)	139	n.r. 45 (32.4)	1.89 [1.30; 2.74] 0.001
Asthenia (PT, AE)	139	n.r. 18 (12.9)	139	n.r. 5 (3.6)	3.70 [1.37; 9.97] 0.006
Infections and infestations (SOC, SAE)	139	n.r. 14 (10.1)	139	n.r. 27 (19.4)	0.48 [0.25; 0.92] 0.024
Respiratory, thoracic and mediastinal disorders (SOC, SAE)	139	n.r. 9 (6.5)	139	n.r. 1 (0.7)	8.38 [1.06; 66.20] 0.016
Gastrointestinal disorders (SOC, severe AE)	139	n.r. 8 (5.8)	139	n.r. 17 (12.2)	0.44 [0.19; 1.01] 0.047
Lipase elevated (PT, severe AE)	139	n.r. 11 (7.9)	139	n.r. 1 (0.7)	10.50 [1.35; 81.42] 0.005

[a] Indication of absolute difference (AD) only in case of statistically significant difference; own calculation

Endpoint	Nivolumab		Placebo		Nivolumab vs placebo
	N	Median in months [95% CI] *Patients with event n (%)*	N	Median in months [95% CI] *Patients with event n (%)*	HR [95% CI] p value

[b] HR and CI from stratified Cox model with treatment as sole covariate, p value from log-rank test, each stratified by pathological lymph node status and use of cisplatin as neoadjuvant chemotherapy
[c] Data cut-off from February 2021
[d] Percentage of patients, individual components are shown in the rows below (in each case only with the qualifying events that come into play in the formation of the composite endpoint; calculation of effect estimators therefore not meaningful)
[e] Cochran-Mantel-Haenszel method stratified by pathological lymph node status and use of cisplatin as neoadjuvant chemotherapy
[f] IQWiG calculation (unconditional exact test (CSZ method according to Martín Andrés A, Silva Mato A. Choosing the optimal unconditioned test for comparing two independent proportions. Computat Stat Data Anal 1994; 17(5): 555-574.)
[g] Time to first deterioration. An increase in the score by ≥ 10 points compared to the start of the study is considered as clinically relevant deterioration (scale range 0 to 100).
[h] Time to first deterioration. A decrease in the score by ≥ 15 points compared to the start of the study is considered as clinically relevant deterioration (scale range 0 to 100).
[i] Data cut-off from August 2020
[j] Progression events of the underlying disease are not included (multiple PTs of SOC "Benign, malignant and unspecified neoplasms [including cysts and polyps]" according to the list of the pharmaceutical company).
[l] In each case, the operationalisation of a specific MedDRA PT-collection presented by the pharmaceutical company ("select AE") is used.

Abbreviations used:
AD = absolute difference; CTCAE = Common Terminology Criteria for Adverse Events; DFS = disease-free survival; EORTC = European Organisation for Research and Treatment of Cancer; HR = hazard ratio; CI = confidence interval; MedDRA = Medical Dictionary for Regulatory Activities; N = number of patients evaluated; n = number of patients with (at least one) event; n.c. = not calculable; n.r. = not reached; PT = preferred term; PC = pharmaceutical company; RR = relative risk; SOC = system organ class; SAE: serious adverse event; AE = adverse event; VAS = visual analogue scale; vs = versus

"

is replaced by the following information:

"Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	↑	Advantage in overall survival.
Morbidity	↑	Advantages in the avoidance of failure of the curative therapeutic approach (event rate and disease-free survival) and in the health status.
Health-related quality of life	↔	No relevant difference for the benefit assessment.
Side effects	↓	Disadvantage in the endpoint of therapy discontinuation due to adverse events.
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		

CA209-274 study:

- ongoing, double-blind RCT
- Nivolumab vs monitoring wait-and-see approach
- Relevant sub-population: Adults with tumour cell PD-L1 expression ≥ 1% who are ineligible for cisplatin-based therapy
- 3rd data cut-off from 6 January 2025

Mortality

Endpoint	Nivolumab		Monitoring wait-and-see approach		Nivolumab vs monitoring wait-and-see approach
	N	Median survival time in months [95% CI] *Patients with event n (%)*	N	Median survival time in months [95% CI] *Patients with event n (%)*	HR [95% CI] p value[a] Absolute difference (AD)[b]
Overall survival[c]					
	140	n.r. [70.01; n.r.] 52 (37.1)	142	59.43 [29.14; n.r.] 72 (50.7)	0.626 [0.437; 0.896] p = 0.0099

Morbidity

Endpoint	Nivolumab		Monitoring wait-and-see approach		Nivolumab vs monitoring wait-and-see approach
	N	Median survival time in months [95% CI] *Patients with event n (%)*	N	Median survival time in months [95% CI] *Patients with event n (%)*	HR [95% CI] p value[a] Absolute difference (AD)[b]
Failure of the curative therapeutic approach					
Event rate[d]	140	– 68 (48.6)	142	– 92 (64.8)[e]	RR: 0.75 [0.61; 0.92][f]; 0.006[f]
Effect modification by the characteristic "Gender"					
Men	101	– 47 (46.5)	112	– 78 (69.6)	RR: 0.67 [0.52; 0.85][l] < 0.001[a]
Women	39	– 21 (53.8)	30	– 14 (46.7)	RR: 1.15 [0.71; 1.87][l] 0.605[a]
					Interaction[m]: 0.047
Distant recurrence	140	– 46 (32.9)	142	– 55 (38.7)	–
Local recurrence outside the efferent urinary tract	140	– 7 (5.0)	142	– 20 (14.1)	–
Local recurrence within the efferent urinary tract, invasive	140	– 1 (0.7)	142	– 3 (2.1)	–
Local recurrence within the efferent urinary tract, non-invasive	140	– 3 (2.1)	142	– 2 (1.4)	–
Death of any cause (without previous recurrence)	140	– 11 (7.9)	142	– 11 (7.7)	–

Endpoint	Nivolumab		Monitoring wait-and-see approach		Nivolumab vs monitoring wait-and-see approach
	N	Median survival time in months [95% CI] *Patients with event n (%)*	N	Median survival time in months [95% CI] *Patients with event n (%)*	HR [95% CI] p value[a] Absolute difference (AD)[b]
Disease-free survival (DFS)	140	55.49 [25.79; 66.50] 68 (48.6)	142	8.41 [5.59; 20.04] 92 (64.8)	0.57 [0.42; 0.79]; < 0.001; AD: 47.08 months
Symptomatology (EORTC QLQ-C30)[g] – Time to first deterioration					
Fatigue	123	4.90 [2.04; 7.39] 77 (62.6)	128	3.78 [2.50; 5.19] 82 (64.1)	0.97 0.71 (1.33) 0.861
Nausea and vomiting	123	n.r. [15.41; n.c.] 44 (35.8)	128	n.r. 35 (27.3)	1.35 [0.86; 2.10]; 0.191
Pain	123	9.69 [5.16; 15.64] 67 (54.5)	128	4.76 [3.25; 7.16] 81 (63.3)	0.75 [0.54; 1.04]; 0.084
Dyspnoea	123	15.93 [8.90; n.c.] 51 (41.5)	127	n.r. [12.91; n.c.] 44 (34.6)	1.17 [0.78; 1.75]; 0.460
Insomnia	123	15.80 [11.07; n.c.] 49 (39.8)	128	10.61 [5.49; n.c.] 64 (50.0)	0.72 [0.49; 1.06]; 0.095
Appetite loss	122	15.93 [9.23; n.c.] 52 (42.6)	128	n.r. [11.24; n.c.] 49 (38.3)	1.14 [0.77; 1.71]; 0.510
Constipation	122	n.r. 37 (30.3)	127	n.r. 43 (33.9)	0.88 [0.56; 1.36]; 0.560
Diarrhoea	127	n.r. [13.83; n.c.] 41 (33.6)	127	n.r. 41 (32.3)	0.95 [0.61; 1.47]; 0.821
Health status (EQ-5D VAS)[h] – Time to first deterioration					
	126	25.13 [12.02; 63.61] 68 (53.5)	129	9.43 [5.88; 17.25] 80 (62.0)	0.63 [0.45; 0.87]; 0.025 AD = 15.7 months

Health-related quality of life

Endpoint	Nivolumab		Monitoring wait-and-see approach		Nivolumab vs monitoring wait-and-see approach
	N	Median survival time in months [95% CI] *Patients with event n (%)*	N	Median survival time in months [95% CI] *Patients with event n (%)*	HR [95% CI] p value[a]
EORTC QLQ-C30 – Time to first deterioration[i]					
Global health status	123	9.95 [6.93; n.c.] 57 (46.3)	127	10.51 [5.59; n.c.] 64 (50.4)	0.94 [0.66; 1.36]; 0.747
Physical functioning	123	16.43 [8.84; n.c.] 48 (39.0)	128	n.r. [9.20; n.c.] 54 (42.2)	0.84 [0.57; 1.25]; 0.395
Role functioning	123	8.31 [4.63; 12.75] 68 (55.3)	128	5.55 [4.04; 11.73] 70 (54.7)	0.93 [0.66; 1.30]; 0.656
Emotional functioning	123	n.r. [15.24; n.c.] 45 (36.6)	127	12.91 [7.16; n.c.] 55 (43.3)	0.78 [0.53; 1.16]; 0.218
Cognitive functioning	123	7.66 [4.67; 15.77] 64 (52.0)	127	8.61 [4.86; n.c.] 64 (50.4)	1.01 [0.71; 1.43]; 0.973
Social functioning	122	15.64 [6.47; n.c.] 55 (45.1)	126	n.r. [7.56; n.c.] 52 (41.3)	1.06 [0.72; 1.55]; 0.766

Side effects

Endpoint	Nivolumab		Monitoring wait-and-see approach		Nivolumab vs monitoring wait-and-see approach
	N	Median in months [95% CI] *Patients with event n (%)*	N	Median in months [95% CI] *Patients with event n (%)*	HR [95% CI] p value[a]
Total adverse events (presented additionally)[j]					
	139	0.49	139	0.59	–

Endpoint	Nivolumab		Monitoring wait-and-see approach		Nivolumab vs monitoring wait-and-see approach
	N	Median in months [95% CI] *Patients with event n (%)*	N	Median in months [95% CI] *Patients with event n (%)*	HR [95% CI] p value[a]
		[0.33; 0.49] 138 (99.3)		[0.49; 0.85] 133 (95.7)	
Serious adverse events (SAE)[j]					
	139	n.r. [14.23; n.c.] 51 (36.7)	139	n.r. [9.53; n.c.] 57 (41.0))	0.83 [0.57; 1.21]; 0.327
Severe adverse events (CTCAE grade ≥ 3)[j]					
	139	9.49 [6.11; n.c.] 74 (53.2)	139	15.01 [8.41; n.c.] 61 (43.9)	1.23 [0.88; 1.73]; 0.235
Therapy discontinuation due to adverse events[j]					
	139	n.r. 30 (21.6)	139	n.r. 15 (10.8)	1.94 [1.05; 3.62]; 0.033
Immune-mediated adverse events					
Immune-mediated AEs (presented additionally)[n]	139	1.45 [0.95; 2.33] 111 (79.9)	139	5.42 [2.76; 8.05] 80 (57.6)	–
Immune-mediated severe AEs (CTCAE grade ≥ 3)[n,k]	139	n.r. 27 (19.4)	139	n.r. 9 (6.5)	2.88 [1.35; 6.13] 0.004
Immune-mediated SAEs[n]	139	n.r. 16 (11.5)	139	n.r. 6 (4.3)	2.49 [0.97; 6.37] 0.049
Specific adverse events[i]					
Skin and subcutaneous tissue disorders (SOC, AE)	139	5.22 [2.50; 10.35] 77 (55.4)	139	n.r. 45 (32.4)	1.95 [1.35; 2.83]; < 0.001
Asthenia (PT, AE)	139	n.r. 19 (13.7)	139	n.r. 5 (3.6)	3.96 [1.48; 10.60]; 0.003
Infections and infestations (SOC, SAE)	139	n.r. 14 (10.1)	139	n.r. 28 (20.1)	0.47 [0.25; 0.89]; 0.017

Endpoint	Nivolumab		Monitoring wait-and-see approach		Nivolumab vs monitoring wait-and-see approach
	N	Median in months [95% CI] *Patients with event n (%)*	N	Median in months [95% CI] *Patients with event n (%)*	HR [95% CI] p value[a]
Respiratory, thoracic and mediastinal disorders (SOC, SAE)	139	n.r. 9 (6.5)	139	n.r. 1 (0.7)	8.30 [1.05; 65.59]; 0.016
Gastrointestinal disorders (SOC, severe AEs[k])	139	n.r. 8 (5.8)	139	n.r. 17 (12.2)	0.44 [0.19; 1.01]; 0.047
Lipase elevated (PT, severe AEs[k])	139	n.r. 11 (7.9)	139	n.r. 1 (0.7)	10.45 [1.35; 81.03]; 0.005

a HR and CI: Cox proportional hazards model, p value: log-rank test, stratified in each case by pathological lymph node status and the use of cisplatin as neoadjuvant chemotherapy.

b Data on absolute difference (AD) only in the case of statistically significant difference; own calculation.

c Results from the dossier of the pharmaceutical company.

d Individual components are shown in the rows below (in each case only with the qualifying events that come into play in the formation of the composite endpoint; calculation of effect estimators therefore not meaningful)

e 1 patient already had a measurable disease at baseline. This was included as an event in the analysis.

f Cochran-Mantel-Haenszel method, stratified by pathological lymph node status and the use of cisplatin as neoadjuvant chemotherapy.

g An increase in the score by ≥ 10 points compared to the start of the study is considered as clinically relevant deterioration (scale range 0 to 100).

h A decrease in the score by ≥ 15 points compared to the start of the study is considered as clinically relevant deterioration (scale range 0 to 100).

i A decrease in the score by ≥ 10 points compared to the start of the study is considered as clinically relevant deterioration (scale range 0 to 100).

j Progression events of the underlying disease are not included (multiple PTs of SOC "Benign, malignant and unspecified neoplasms [including cysts and polyps]" according to the list of the pharmaceutical company).

k Operationalised as CTCAE grade ≥ 3.

l Own calculation, p value of the unconditional exact test

m Own calculation based on the Q-test for heterogeneity

n In each case, the operationalisation of a specific MedDRA PT collection ("select AE") submitted by the pharmaceutical company is used.

Abbreviations used:

AD = absolute difference; CTCAE = Common Terminology Criteria for Adverse Events; DFS = disease-free survival; EORTC = European Organisation for Research and Treatment of Cancer; HR = hazard ratio; CI = confidence interval; MedDRA = Medical Dictionary for Regulatory Activities; N = number of patients evaluated; n = number of patients with (at least one) event; n.c. = not calculable; n.r. = not reached; PT = preferred term; PC = pharmaceutical company; RR = relative risk; SOC = system organ class; SAE: serious adverse event; AE = adverse event; VAS = visual analogue scale; vs = versus

5. In Number 2 "Number of patients or demarcation of patient groups eligible for treatment", the information is amended as follows:

   In the information "approx. 680 – 830 patients", the information "680 – 830" is replaced by the information "670 – 1,140".

6. In Number 4 "Treatment costs", the information is amended as follows:

   a) After the information "Annual treatment costs:", the information

"

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Nivolumab	€ 75,925.72 - € 76,217.74
Appropriate comparator therapy:	
a) Adults with muscle invasive urothelial carcinoma with tumour cell PD-L1 expression ≥ 1%, who are at high risk of recurrence after undergoing complete resection and are eligible for cisplatin-based therapy; adjuvant treatment	
Cisplatin in combination with gemcitabine	
Cisplatin	€ 1,506.05
Gemcitabine	€ 7,014.54
Total:	€ 8,520.59
Additionally required SHI costs	€ 242.72 - € 311.31
Cisplatin in combination with methotrexate	
Cisplatin	€ 347.55
Methotrexate	€ 532.56
Total:	€ 880.11
Additionally required SHI costs	€ 9.56 - € 44.51
b) Adults with muscle invasive urothelial carcinoma with tumour cell PD-L1 expression ≥ 1%, who are at high risk of recurrence after undergoing complete resection, are ineligible for cisplatin-based therapy, or have already received neoadjuvant treatment; adjuvant treatment	
Monitoring wait-and-see approach	Not calculable

Costs after deduction of statutory rebates (LAUER-TAXE® as last revised: 1 October 2022)

Other SHI services:

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Nivolumab (cycle every 14 days)	Preparation for parenteral solutions with monoclonal antibodies	€ 71	1	26.1	€ 1,853.10
Nivolumab (cycle every 28 days)	Preparation for parenteral solutions with monoclonal antibodies	€ 71	1	13	€ 923.00
Cisplatin in combination with gemcitabine	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	1	13	€ 1,053.00
Cisplatin (in combination with methotrexate)	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	1	3	€ 243.00
Gemcitabine	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	3	39	€ 3,159.00
Methotrexate	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	2	6	€ 486.00

"

is replaced by the following information:

"

a) Adults with muscle invasive urothelial carcinoma with tumour cell PD-L1 expression ≥ 1%, who are at high risk of recurrence after undergoing complete resection and are eligible for cisplatin-based therapy; adjuvant treatment

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Nivolumab	€ 75,925.72 - € 76,217.74
Appropriate comparator therapy:	
Cisplatin in combination with gemcitabine	
Cisplatin	€ 1,506.05
Gemcitabine	€ 7,014.54
Total:	€ 8,520.59
Additionally required SHI costs	€ 242.72 - € 311.31
Cisplatin in combination with methotrexate	
Cisplatin	€ 347.55
Methotrexate	€ 532.56
Total:	€ 880.11
Additionally required SHI costs	€ 9.56 - € 44.51

Costs after deduction of statutory rebates (LAUER-TAXE® as last revised: 1 October 2022)

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
Nivolumab (cycle every 14 days)	Preparation for parenteral solutions with monoclonal antibodies	€ 71	1	26.1	€ 1,853.10
Nivolumab (cycle every 28 days)	Preparation for parenteral solutions with monoclonal antibodies	€ 71	1	13	€ 923.00
Cisplatin in combination with gemcitabine	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	1	13	€ 1,053.00

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Cisplatin (in combination with methotrexate)	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	1	3	€ 243.00
Gemcitabine	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	3	39	€ 3,159.00
Methotrexate	Surcharge for production of a parenteral preparation containing cytostatic agents	€ 81	2	6	€ 486.00

b) Adults with muscle invasive urothelial carcinoma with tumour cell PD-L1 expression ≥ 1%, who are at high risk of recurrence after undergoing complete resection, are ineligible for cisplatin-based therapy, or have already received neoadjuvant chemotherapy with cisplatin; adjuvant treatment

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Nivolumab	€ 74,117.94
Appropriate comparator therapy:	
Monitoring wait-and-see approach	Not calculable

Costs after deduction of statutory rebates (LAUER-TAXE® as last revised: 1 April 2026)

Costs for additionally required SHI services: not applicable

Other SHI services: not applicable

7. After Number 4. "Treatment costs", the following Number 5. is inserted:

"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:

Patient group of adults with muscle invasive urothelial carcinoma with tumour cell PD-L1 expression ≥ 1%, who are at high risk of recurrence after undergoing complete resection, are ineligible for cisplatin-based therapy, or have already received neoadjuvant chemotherapy with cisplatin; adjuvant treatment

– No designation of medicinal products with new active ingredients that can be used in combination therapy pursuant to Section 35a, paragraph 3, sentence 4 SGB V, as the active ingredient to be assessed is an active ingredient approved as monotherapy.

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 G-BA website on 4 June 2026.

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

Berlin, 4 June 2026

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

Prof. Hecken