

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
Imlunestrant (breast cancer, ER+, HER2-, with an ESR1-
mutation, progressive following prior endocrine therapy)

From 3 September 2026

At their session on 3 September 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, information on the active ingredient Imlunestrant shall be added in alphabetical order as follows:**

Imlunestrant

Resolution of: 3 September 2026

Entry into force on: 3 September 2026

Federal Gazette, BAnz AT DD. MM YYYY Bx

Therapeutic indication (according to the marketing authorisation of 9 January 2026):

Inluriyo is indicated as monotherapy for the treatment of adult patients with oestrogen receptor (ER)-positive, HER2-negative, locally advanced or metastatic breast cancer with an activating ESR1-mutation, who have disease progression following prior treatment with an endocrine based regimen.

In pre- or perimenopausal women, or men, Inluriyo should be combined with a luteinising hormone-releasing hormone (LHRH) agonist.

Therapeutic indication of the resolution (resolution of 3 September 2026):

See therapeutic indication according to marketing authorisation.

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

- a1) Women with ER-positive, HER2-negative, locally advanced or metastatic breast cancer with an activating ESR1-mutation, who have disease progression following (neo-)adjuvant endocrine therapy; no prior treatment at the locally advanced or metastatic stage

Appropriate comparator therapy:

- tamoxifen (only suitable for premenopausal patients who have not received tamoxifen during prior (neo-)adjuvant endocrine therapy; only suitable for postmenopausal patients if aromatase inhibitors are unsuitable)
or
- letrozole
or
- exemestane (only suitable for patients with disease progression following anti-oestrogen treatment)
or
- anastrozole
or
- fulvestrant
or
- everolimus in combination with exemestane (only suitable for patients without symptomatic visceral metastasis who have disease progression following a non-steroidal aromatase inhibitor)
or
- ribociclib in combination with a non-steroidal aromatase inhibitor (anastrozole, letrozole)
or

- abemaciclib in combination with a non-steroidal aromatase inhibitor (anastrozole, letrozole)
or
- palbociclib in combination with a non-steroidal aromatase inhibitor (anastrozole, letrozole)
or
- ribociclib in combination with fulvestrant
or
- abemaciclib in combination with fulvestrant
or
- palbociclib in combination with fulvestrant

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

An additional benefit is not proven.

- a2) Men with ER-positive, HER2-negative, locally advanced or metastatic breast cancer with an activating ESR1-mutation, who have disease progression following (neo-)adjuvant endocrine therapy; no prior treatment at the locally advanced or metastatic stage

Appropriate comparator therapy:

- tamoxifen
or
- palbociclib in combination with a non-steroidal aromatase inhibitor (anastrozole, letrozole)

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

An additional benefit is not proven.

- b1) Women with ER-positive, HER2-negative, locally advanced or metastatic breast cancer with an activating ESR1-mutation, who have disease progression following prior treatment with an endocrine based regimen, which was given at the locally advanced or metastatic stage

Appropriate comparator therapy:

Individualised therapy, taking into account a change of endocrine therapy to

- tamoxifen
- letrozole
- exemestane
- anastrozole
- fulvestrant
- everolimus in combination with exemestane (only suitable for patients without symptomatic visceral metastasis who have disease progression following a non-steroidal aromatase inhibitor)
- ribociclib in combination with a non-steroidal aromatase inhibitor (anastrozole, letrozole)
- abemaciclib in combination with a non-steroidal aromatase inhibitor (anastrozole, letrozole)
- palbociclib in combination with a non-steroidal aromatase inhibitor (anastrozole, letrozole)
- ribociclib in combination with fulvestrant
- abemaciclib in combination with fulvestrant
- palbociclib in combination with fulvestrant

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

Hint of non-quantifiable additional benefit.

- b2) Men with ER-positive, HER2-negative, locally advanced or metastatic breast cancer with an activating ESR1-mutation, who have disease progression following prior treatment with an endocrine based regimen, which was given at the locally advanced or metastatic stage

Appropriate comparator therapy:

Individualised therapy, taking into account a change of endocrine therapy to

- tamoxifen
- aromatase inhibitor in combination with a GnRH analogue
- fulvestrant
- palbociclib in combination with a non-steroidal aromatase inhibitor (anastrozole, letrozole)

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

An additional benefit is not proven.

Study results according to endpoints:¹

- a1) Women with ER-positive, HER2-negative, locally advanced or metastatic breast cancer with an activating ESR1-mutation, who have disease progression following (neo-)adjuvant endocrine therapy; no prior treatment at the locally advanced or metastatic stage

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	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		

EMBER-3 study:

- Imlunestrant (arm A) **vs** fulvestrant or exemestane (arm B) **vs** imlunestrant + abemaciclib (arm C)
- Study design: randomised, open-label, triple-arm
- Relevant sub-population: female patients with an activating ESR1-mutation; arm A vs arm B
- Relevant data cut-off: data cut-off from 18 August 2025

¹ Data from the dossier assessment of the Institute for Quality and Efficiency in Health Care (IQWiG) (A26-30) unless otherwise indicated.

Mortality

Endpoint	Imlunestrant		Fulvestrant/ exemestane		Imlunestrant vs fulvestrant/ exemestane
	N	Median survival time in months [95% CI] <i>Patients with event n (%)</i>	N	Median survival time in months [95% CI] <i>Patients with event n (%)</i>	HR [95% CI] p value ^a Absolute difference (AD) ^b
Overall survival					
	30	28.7 [21.98; n.c.] 12 (40.0)	23	21.4 [15.77; 28.94] 16 (69.6)	0.53 [0.23; 1.23] 0.136 ^c

Morbidity

Endpoint	Imlunestrant		Fulvestrant/ exemestane		Imlunestrant vs fulvestrant/ exemestane
	N	Median time to event in months [95% CI] <i>Patients with event n (%)</i>	N	Median time to event in months [95% CI] <i>Patients with event n (%)</i>	HR [95% CI] p value ^a Absolute difference (AD) ^b
Progression-free survival (PFS), as assessed by the principal investigator²					
	30	11.1 [4.67; 13.50] 24 (80.0)	23	5.7 [2.00; 7.33] 21 (91.3)	0.53 [0.29; 0.97] 0.033 AD = 5.4 months
Progression-free survival (PFS) according to BICR²					
	30	17.3 [5.59; n.c.] 13 (43.3)	23	5.6 [1.97; 7.29] 16 (69.6)	0.44 [0.21; 0.93] 0.027 AD = 11.7 months
Worst pain (BPI-SF item 3)					
No suitable data					
Symptomatology (EORTC QLQ-C30, symptom scales)					
No suitable data					

² Information from the dossier of the pharmaceutical company

Health status (EQ-5D VAS)
No suitable data

Health-related quality of life

Endpoint	Imlunestrant		Fulvestrant/ exemestane		Imlunestrant vs fulvestrant/ exemestane
	N	Median time to event in months [95% CI] <i>Patients with event n (%)</i>	N	Median time to event in months [95% CI] <i>Patients with event n (%)</i>	HR [95% CI] p value ^a Absolute difference (AD) ^b
EORTC QLQ-C30 (functional scales)					
No suitable data					

Side effects

Endpoint	Imlunestrant		Fulvestrant/ exemestane		Imlunestrant vs fulvestrant/ exemestane
	N	Median time to event in months [95% CI] <i>Patients with event n (%)</i>	N	Median time to event in months [95% CI] <i>Patients with event n (%)</i>	HR [95% CI] p value ^a Absolute difference (AD) ^b
Total adverse events					
No suitable data					
Serious adverse events (SAEs)					
No suitable data					
Severe adverse events (CTCAE grade ≥ 3)					
No suitable data					
Therapy discontinuation due to adverse events					
No suitable data					
PRO-CTCAE					
No suitable data					
a. Unless otherwise stated: HR and CI from the Cox model, p value from the log-rank test, unstratified in each case					
b. Absolute difference (AD) given only in the case of a statistically significant difference; own calculation					

c. HR and CI from the Cox model, p value from the log-rank test, stratified in each case by the presence of visceral metastases (yes vs no according to IWRS), prior treatment with CDK4/6 inhibitors (yes vs no according to IWRS) and region (East Asia vs North America/ Western Europe vs rest of the world)

Abbreviations used:

AD = absolute difference; BPI-SF = Brief Pain Inventory – Short Form; CDK = cyclin-dependent kinase; CTCAE = Common Terminology Criteria for Adverse Events; EORTC = European Organisation for Research and Treatment of Cancer; HR = hazard ratio; IWRS = Interactive Web Response System; CI = confidence interval; N = number of patients evaluated; n = number of patients with (at least one) event; n.c. = not calculable; n.r. = not reached; PRO-CTCAE = Patient-reported Outcome – CTCAE; QLQ-C30 = Quality of Life Questionnaire – Core 30; RCT = randomised controlled trial; SAE = serious adverse event; AE = adverse event; VAS = visual analogue scale; vs = versus

a2) Men with ER-positive, HER2-negative, locally advanced or metastatic breast cancer with an activating ESR1-mutation, who have disease progression following (neo-)adjuvant endocrine therapy; no prior treatment at the locally advanced or metastatic stage

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		

- b1) Women with ER-positive, HER2-negative, locally advanced or metastatic breast cancer with an activating ESR1-mutation, who have disease progression following prior treatment with an endocrine based regimen, which was given at the locally advanced or metastatic stage

Summary of results for relevant clinical endpoints

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	↑	Advantage in overall survival.
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		

Mortality

Endpoint	Imlunestrant		Fulvestrant ^a		Imlunestrant vs fulvestrant ^a
	N	Median survival time in months [95% CI] <i>Patients with event n (%)</i>	N	Median survival time in months [95% CI] <i>Patients with event n (%)</i>	HR [95% CI] p value ^b Absolute difference (AD) ^c
Overall survival					
	108	34.5 [24.84; n.c.] 45 (41.7)	95	24.2 [18.17; 29.70] 55 (57.9)	0.62 [0.42; 0.93] 0.021 ^d AD = 10.3 months

Morbidity

Endpoint	Imlunestrant		Fulvestrant ^a		Imlunestrant vs fulvestrant ^a
	N	Median time to event in months [95% CI] <i>Patients with event n (%)</i>	N	Median time to event in months [95% CI] <i>Patients with event n (%)</i>	HR [95% CI] p value ^b Absolute difference (AD) ^c
Progression-free survival (PFS), as assessed by the principal investigator²					
	108	5.5 [3.68; 5.65] 98 (90.7)	95	3.7 [3.58; 5.22] 82 (86.3)	0.64 [0.47; 0.88] 0.005 AD = 1.8 months
Progression-free survival (PFS) according to BICR²					
	108	5.6 [3.75; 11.01] 64 (59.3)	95	5.5 [3.68; 7.33] 54 (56.8)	0.75 [0.51; 1.09] 0.129
Worst pain (BPI-SF item 3)					
No suitable data					
Symptomatology (EORTC QLQ-C30, symptom scales)					
No suitable data					
Health status (EQ-5D VAS)					
No suitable data					

Health-related quality of life

Endpoint	Imlunestrant		Fulvestrant ^a		Imlunestrant vs fulvestrant ^a
	N	Median time to event in months [95% CI] <i>Patients with event n (%)</i>	N	Median time to event in months [95% CI] <i>Patients with event n (%)</i>	HR [95% CI] p value ^b Absolute difference (AD) ^c
(EORTC QLQ-C30, functional scales)					
No suitable data					

Side effects

Endpoint	Imlunestrant		Fulvestrant/ exemestane		Imlunestrant vs fulvestrant/ exemestane
	N	Median time to event in months [95% CI] <i>Patients with event n (%)</i>	N	Median time to event in months [95% CI] <i>Patients with event n (%)</i>	HR [95% CI] p value ^a Absolute difference (AD) ^b
Total adverse events					
No suitable data					
Serious adverse events (SAEs)					
No suitable data					
Severe adverse events (CTCAE grade ≥ 3)					
No suitable data					
Therapy discontinuation due to adverse events					
No suitable data					
PRO-CTCAE					
No suitable data					
a. Unless otherwise stated: HR and CI from the Cox model, p value from the log-rank test, unstratified in each case b. Absolute difference (AD) given only in the case of a statistically significant difference; own calculation c. HR and CI from the Cox model, p value from the log-rank test, stratified in each case by the presence of visceral metastases (yes vs no according to IWRS), prior treatment with CDK4/6 inhibitors (yes vs no according to IWRS) and region (East Asia vs North America/ Western Europe vs rest of the world) Abbreviations used: AD = absolute difference; BPI-SF = Brief Pain Inventory – Short Form; CDK = cyclin-dependent kinase; CTCAE = Common Terminology Criteria for Adverse Events; EORTC = European Organisation for Research and Treatment of Cancer; HR = hazard ratio; IWRS = Interactive Web Response System; CI = confidence interval; N = number of patients evaluated; n = number of patients with (at least one) event; n.c. = not calculable; n.r. = not reached; PRO-CTCAE = Patient-reported Outcome – CTCAE; QLQ-C30 = Quality of Life Questionnaire – Core 30; RCT = randomised controlled trial; SAE = serious adverse event; AE = adverse event; VAS = visual analogue scale; vs = versus					

- b2) Men with ER-positive, HER2-negative, locally advanced or metastatic breast cancer with an activating ESR1-mutation, who have disease progression following prior treatment with an endocrine based regimen, which was given at the locally advanced or metastatic stage

No data available.

Summary of results for relevant clinical endpoints

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Mortality	∅	No data available.
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1. Number of patients or demarcation of patient groups eligible for treatment

- a1) Women with ER-positive, HER2-negative, locally advanced or metastatic breast cancer with an activating ESR1-mutation, who have disease progression following (neo-)adjuvant endocrine therapy; no prior treatment at the locally advanced or metastatic stage

Approximately 220 – 2,000 patients

- a2) Men with ER-positive, HER2-negative, locally advanced or metastatic breast cancer with an activating ESR1-mutation, who have disease progression following (neo-)adjuvant endocrine therapy; no prior treatment at the locally advanced or metastatic stage

Approximately 3 – 20 patients

- b1) Women with ER-positive, HER2-negative, locally advanced or metastatic breast cancer with an activating ESR1-mutation, who have disease progression following prior treatment with an endocrine based regimen, which was given at the locally advanced or metastatic stage

Approximately 1,800 – 16,500 patients

- b2) Men with ER-positive, HER2-negative, locally advanced or metastatic breast cancer with an activating ESR1-mutation, who have disease progression following prior treatment with an endocrine based regimen, which was given at the locally advanced or metastatic stage

Approximately 17 – 180 patients

2. 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 Inluriyo (active ingredient: imlunestrant) at the following publicly accessible link (last access: 25 August 2026):

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

Treatment with imlunestrant should only be initiated and monitored by specialists in internal medicine, haematology, and oncology, who are experienced in the treatment of patients with locally advanced or metastatic breast cancer, as well as specialists in gynaecology and obstetrics, and other specialists from other specialist groups participating in the Oncology Agreement.

Patients should be selected for treatment with imlunestrant if an activating ESR1-mutation, which has been detected using a CE-marked in vitro diagnostic (IVD) with an appropriate intended use, is present in the plasma samples. If an IVD with CE marking is not available, the presence of an activating ESR1-mutation in the plasma samples should be detected by an alternative validated test.

3. Treatment costs

Annual treatment costs:

- a1) Women with ER-positive, HER2-negative, locally advanced or metastatic breast cancer with an activating ESR1-mutation, who have disease progression following (neo-)adjuvant endocrine therapy; no prior treatment at the locally advanced or metastatic stage

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Imlunestrant	€ 227,442.32
Plus GnRH analogue, if applicable	
Goserelin	€ 2,863.60
Leuprorelin	€ 1,908.46
Appropriate comparator therapy:	
Tamoxifen (only suitable for premenopausal patients who have not received tamoxifen during prior (neo-)adjuvant endocrine therapy; only suitable for postmenopausal patients if aromatase inhibitors are unsuitable)	
Tamoxifen	€ 93.91
Letrozole	
Letrozole	€ 172.46
Exemestane (only suitable for patients with disease progression following anti-oestrogen treatment)	
Exemestane	€ 428.33
Anastrozole	
Anastrozole	€ 146.47
Fulvestrant	
Fulvestrant	€ 2,098.72
Everolimus in combination with exemestane (only suitable for patients without symptomatic visceral metastasis who have disease progression following a non-steroidal aromatase inhibitor)	
Everolimus	€ 3,860.12
Exemestane	€ 428.33
Total:	€ 4,288.45
Ribociclib in combination with a non-steroidal aromatase inhibitor (anastrozole, letrozole)	
Ribociclib	€ 29,662.27
Anastrozole	€ 146.47
Letrozole	€ 172.46
Ribociclib + anastrozole Total:	€ 29,808.74
Ribociclib + letrozole	€ 29,834.73

Designation of the therapy	Annual treatment costs/ patient
Total:	
Abemaciclib in combination with a non-steroidal aromatase inhibitor (anastrozole, letrozole)	
Abemaciclib	€ 24,872.27
Anastrozole	€ 146.47
Letrozole	€ 172.46
Abemaciclib + anastrozole Total:	€ 25,018.74
Abemaciclib + letrozole Total:	€ 25,044.73
Palbociclib in combination with a non-steroidal aromatase inhibitor (anastrozole, letrozole)	
Palbociclib	€ 19,887.66
Anastrozole	€ 146.47
Letrozole	€ 172.46
Palbociclib + anastrozole Total:	€ 20,034.13
Palbociclib + letrozole Total:	€ 20,060.12
Ribociclib in combination with fulvestrant	
Ribociclib	€ 29,662.27
Fulvestrant	€ 2,260.16
Total:	€ 31,922.43
Abemaciclib in combination with fulvestrant	
Abemaciclib	€ 24,872.27
Fulvestrant	€ 2,098.72
Total:	€ 26,970.99
Palbociclib in combination with fulvestrant	
Palbociclib	€ 19,887.66
Fulvestrant	€ 2,260.16
Total:	€ 22,147.82
All therapies, plus GnRH analogue, if applicable	
Goserelin	€ 2,863.60
Leuprorelin	€ 1,908.46

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

Costs for additionally required SHI services: not applicable

a2) Men with ER-positive, HER2-negative, locally advanced or metastatic breast cancer with an activating ESR1-mutation, who have disease progression following (neo-)adjuvant endocrine therapy; no prior treatment at the locally advanced or metastatic stage

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Imlunestrant	€ 227,442.32
Plus GnRH analogue	
Goserelin	€ 2,863.60
Leuprorelin	€ 1,908.46
Appropriate comparator therapy:	
Tamoxifen	
Tamoxifen	€ 93.91
Palbociclib in combination with a non-steroidal aromatase inhibitor (anastrozole, letrozole)	
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Anastrozole	€ 146.47
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Costs after deduction of statutory rebates (LAUER-TAXE® as last revised: 1 July 2026)

Costs for additionally required SHI services: not applicable

- b1) Women with ER-positive, HER2-negative, locally advanced or metastatic breast cancer with an activating ESR1-mutation, who have disease progression following prior treatment with an endocrine based regimen, which was given at the locally advanced or metastatic stage

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Imlunestrant	€ 227,442.32
Plus GnRH analogue, if applicable	
Goserelin	€ 2,863.60
Leuprorelin	€ 1,908.46
Appropriate comparator therapy:	
Individualised therapy, taking into account a change of endocrine therapy to	
Tamoxifen	
Tamoxifen	€ 93.91
Letrozole	
Letrozole	€ 172.46
Exemestane	
Exemestane	€ 428.33
Anastrozole	
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Exemestane	€ 428.33
Total:	€ 4,288.45
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Letrozole	€ 172.46
Ribociclib + anastrozole Total:	€ 29,808.74
Ribociclib + letrozole Total:	€ 29,834.73
Abemaciclib in combination with a non-steroidal aromatase inhibitor (anastrozole, letrozole)	

Designation of the therapy	Annual treatment costs/ patient
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Anastrozole	€ 146.47
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Total:	€ 26,970.99
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Total:	€ 22,147.82
All therapies, plus GnRH analogue, if applicable	
Goserelin	€ 2,863.60
Leuprorelin	€ 1,908.46

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

Costs for additionally required SHI services: not applicable

b2) Men with ER-positive, HER2-negative, locally advanced or metastatic breast cancer with an activating ESR1-mutation, who have disease progression following prior treatment with an endocrine based regimen, which was given at the locally advanced or metastatic stage

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Imlunestrant	€ 227,442.32
Plus GnRH analogue	
Goserelin	€ 2,863.60
Leuprorelin	€ 1,908.46
Appropriate comparator therapy:	
Individualised therapy, taking into account a change of endocrine therapy to	
aromatase inhibitor in combination with a GnRH analogue	
Anastrozole	€ 146.47
+ GnRH analogue ³	€ 1,908.46 – € 2,863.60
Total:	€ 2,054.93 – € 3,010.07
Letrozole	€ 172.46
+ GnRH analogue ³	€ 1,908.46 – € 2,863.60
Total:	€ 2,080.92 – € 3,036.06
Exemestane	€ 428.33
+ GnRH analogue ³	€ 1,908.46 – € 2,863.60
Total:	€ 2,336.79 – € 3,291.93
Fulvestrant	
Fulvestrant	€ 2,098.72
Palbociclib in combination with a non-steroidal aromatase inhibitor (anastrozole, letrozole)	
Palbociclib	€ 19,887.66
Anastrozole	€ 146.47
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Costs after deduction of statutory rebates (LAUER-TAXE® as last revised: 1 July 2026)

Costs for additionally required SHI services: not applicable

³ Goserelin or leuprorelin

II. The resolution will enter into force on the day of its publication on the G-BA website on 3 September 2026.

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

Berlin, 3 September 2026

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

Dr Optendrenk