

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
Inebilizumab (new therapeutic indication: immunoglobulin
G4-related disease (IgG4-RD))

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, the following information shall be added after number 5 to the information on the benefit assessment of Inebilizumab in accordance with the resolution of 19 January 2023:**

Inebilizumab

Resolution of: 3 September 2026
Entry into force on: 3 September 2026
Federal Gazette, BAnz AT DD. MM YYYY Bx

New therapeutic indication (according to the marketing authorisation of 10 November 2025):

Uplizna is indicated for the treatment of adult patients with active IgG4-RD.

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

See new therapeutic indication according to marketing authorisation.

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

Adults with active immunoglobulin G4-related disease (IgG4-RD)

Appropriate comparator therapy:

An individualised therapy with the selection of:

- glucocorticoids
- best supportive care

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

hint of a non-quantifiable additional benefit.

Study results according to endpoints:¹

Adults with active immunoglobulin G4-related disease (IgG4-RD)

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 of IgG4-RD flares.
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		

The MITIGATE study: inebilizumab vs placebo, double-blind phase 3 study

Mortality

Endpoint	Inebilizumab		Placebo		Inebilizumab vs placebo
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI]; p value
Mortality (week 52)					
Overall mortality ^a	68	0 (0)	67	0 (0)	n.c. [n.c.; n.c.]; n.c.

¹ Data from the dossier assessment of the IQWiG (A26-26) and from the addendum (A26-97), unless otherwise indicated.

Morbidity

Endpoint	Inebilizumab		Placebo		Inebilizumab vs placebo
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI]; p value
Morbidity (week 52)					
Flares					
An IgG4-RD flare that has been treated and confirmed by an AC ^b	68	7 (10.3)	67	40 (59.7)	0.17 [0.08; 0.36]; < 0.001 ^c
Remission (presented additionally)					
Complete remission, flare-free and treatment-free ^d	68	39 (57.4)	67	15 (22.4)	2.56 [1.57; 4.18]; < 0.001 ^e
Complete remission, flare-free and treatment-free ^d with IgG4-RD RI score = 0	68	29 (42.6)	67	8 (11.9)	3.61 [1.79; 7.28]; < 0.001 ^e
Complete remission, flare-free and corticosteroid-free ^d	68	40 (58.8)	67	15 (22.4)	2.63 [1.61; 4.28]; < 0.001 ^e

Endpoint	Inebilizumab		Placebo		Inebilizumab vs placebo
	N/nE	Relapse rate [95% CI] ^f	N/nE	Relapse rate [95% CI] ^f	Rate ratio [95% CI]; p value
Morbidity (week 52)					
Relapse rate					
Annual relapse rate	68/7 ^g	0.10 [0.05; 0.21]	67/49 ^g	0.71 [0.53; 0.94]	0.14 [0.06; 0.31]; < 0.001

Endpoint	Inebilizumab			Placebo			Inebilizumab vs placebo
	N ^h	Values at the start of study MV (SD)	Change at week 52 MV (SE) ⁱ	N ^h	Values at the start of study MV (SD)	Change at week 52 MV (SE) ⁱ	MD [95% CI]; p value ⁱ
Morbidity							
Patient global assessment of disease activity (PGA) ^j	68	71.1 (21.56)	1.77 (2.33)	67	69.7 (21.78)	-1.37 (2.34)	3.14 [-3.38; 9.67]; 0.342
FACIT-Fatigue ^k	68	12.1 (7.02)	-0.78 (0.72)	67	13.7 (8.73)	-0.54 (0.74)	-0.24 [-2.29; 1.81]; 0.816

Health-related quality of life

Endpoint	Inebilizumab			Placebo			Inebilizumab vs placebo
	N	Values at the start of study MV (SD)	Change at week 52 MV (SE)	N	Values at the start of study MV (SD)	Change at week 52 MV (SE)	MD [95% CI]; p value
Health-related quality of life							
SF-36v2 ^l – PCS	68	51.3 (7.93)	-0.55 (0.87)	67	51.2 (7.35)	-2.75 (0.88)	2.21 [-0.25; 4.66]; 0.077
SF-36v2 ^l – MCS	68	48.2 (9.22)	0.05 (0.97)	67	49.0 (10.07)	-0.36 (0.99)	0.41 [-2.32; 3.15]; 0.766

Side effects

Endpoint	Inebilizumab		Placebo		Inebilizumab vs placebo
	N	Patients with event n (%)	N	Patients with event n (%)	RR [95% CI]; p value
Side effects (week 52)					
Total adverse events (<i>presented additionally</i>)					
	68	66 (97.1)	67	66 (98.5)	-
Serious adverse events (SAEs)					
	68	12 (17.6)	67	6 (9.0)	1.97 [0.82; 4.84]; 0.148 ^m
Severe adverse events ⁿ (CTCAE grade 3 or 4)					
	68	12 (17.6)	67	8 (11.9)	1.48 [0.66; 3.33]; 0.529 ^m
Therapy discontinuation due to adverse events					
	68	6 (8.8)	67	3 (4.5)	1.97 [0.56; 6.99]; 0.338 ^m
Specific adverse events					
Infections and infestations (SOC, SAE)	68	4 (5.9)	67	0 (0.0)	8.87 [0.88; 92.01]; 0.046 ^{m,o}
Blood and lymphatic system disorders (SOC, severe AEs ⁿ)	68	4 (5.9)	67	0 (0.0)	8.87 [0.88; 92.01]; 0.046 ^{m,o}
a. The results on overall mortality are based on the data on fatal AEs. b. Date of flare onset, defined as the earliest date of occurrence of symptoms/ findings c. Own calculation of effect, CI and p value d. Defined as the absence of detectable disease activity at week 52, no flare confirmed by an AC during the 52-week treatment phase, and no (corticosteroid) treatment for flare or disease control, with the exception of the required 8-week reduction in the corticosteroid dose at the start of the study. The absence of detectable disease activity corresponded either to an IgG4-RD RI score of 0 or to the principal investigator's assessment. e. The effect, CI and p value are based on a log-binomial regression model, adjusted for treatment group and IgG4-RD onset. f. Relapse rate calculated from the 52-week treatment phase and extrapolated to a year. CI (per treatment arm) and rate ratio with CI and p value (group comparison): Negative binomial model, adjusted for the stratification factor IgG4-RD onset and with the logarithm of treatment duration as an offset variable. g. Values taken from the EPAR (18 September 2025, EMA/325405/2025) h. The number of patients included is unclear, as no information is available on the number of patients with at least one value post-baseline. i. Unless otherwise stated, MV and SE (per treatment group) as well as MD, CI and p value (group comparison): MMRM with fixed factors: baseline value, treatment, time, treatment over time and IgG4-RD onset; patients as random effect; unstructured covariance matrix. j. Lower (decreasing) values indicate better symptomatology. k. Higher (increasing) values indicate better symptomatology.					

- l. Higher (increasing) values indicate a better health-related quality of life.
- m. Effect and 95% CI are based on the score method; p value: own calculation using an unconditional exact test. In the case of 0 events in one study arm, the correction factor 0.5 was used in both study arms when calculating effect and CI.
- n. Operationalised as CTCAE grade ≥ 3
- o. Discrepancy between p value (exact) and CI (asymptotic) due to different calculation methods.

Abbreviations used:

AC: Adjudication Committee; AD = absolute difference; CTCAE = Common Terminology Criteria for Adverse Events; EPAR = European Public Assessment Report; FACIT-Fatigue = Functional Assessment of Chronic Illness Therapy-Fatigue; IgG4-RD = immunoglobulin G4-related disease; CI = confidence interval; MCS = mental component summary; MMRM = mixed model for repeated measures; MV = mean value; MD = mean difference; N = number of patients evaluated; n = number of patients with (at least one) event; n.c. = not calculable; n.r. = not reached; n_E = number of events (multiple events per patient possible); PCS = physical component summary; PGA = patient global assessment of disease activity; RI = responder index; RR = relative risk; SD = standard deviation; SE = standard error; SF-36v2 = Short Form-36 Health Survey Version 2; SOC = system organ class; SAE = serious adverse event; AE = adverse event; vs = versus

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

Adults with active immunoglobulin G4-related disease (IgG4-RD)

Approximately 2,600 – 3,500 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 Uplizna (active ingredient: inebilizumab) at the following publicly accessible link (last access: 18 June 2026):

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

Treatment with inebilizumab should only be initiated and monitored by specialists experienced in treating patients with IgG4-RD.

4. Treatment costs

Annual treatment costs:

Adults with active immunoglobulin G4-related disease (IgG4-RD)

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Inebilizumab	€ 102,811.30
Additionally required SHI services:	€ 141.20 – € 153.15
Best supportive care	Different from patient to patient
Appropriate comparator therapy:	
An individualised therapy with the selection of:	
Glucocorticoids	Different from patient to patient
Best supportive care	Different from patient to patient

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

Other SHI services:

Designation of the therapy	Type of service	Costs/ unit	Number/ cycle	Number/ patient/ year	Costs/ patient/ year
Inebilizumab	Surcharge for the preparation of a parenteral solution containing monoclonal antibodies	€ 100	1	2	€ 200

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