Gemeinsamer Bundesausschuss

Justification

to the Resolution of the Federal Joint Committee (G-BA) on an Amendment of the Pharmaceuticals Directive:
Annex XII – Benefit Assessment of Medicinal Products with New Active Ingredients according to Section 35a SGB V
Linvoseltamab (multiple myeloma, at least 3 prior therapies, monotherapy)

From 19 March 2026

Contents

1. Legal basis

According to Section 35a paragraph 1 German Social Code, Book Five (SGB V), the Federal Joint Committee (G-BA) assess the benefit of all reimbursable medicinal products with new active ingredients. This includes in particular the assessment of the additional benefit and its therapeutic significance. The benefit assessment is carried out on the basis of evidence provided by the pharmaceutical company, which must be submitted to the G-BA electronically, including all clinical studies the pharmaceutical company have conducted or commissioned, at the latest at the time of the first placing on the market as well as the marketing authorisation of new therapeutic indications of the medicinal product, and which must contain the following information in particular:

1. approved therapeutic indications,
2. medical benefit,
3. additional medical benefit in relation to the appropriate comparator therapy,
4. number of patients and patient groups for whom there is a therapeutically significant additional benefit,
5. treatment costs for the statutory health insurance funds,
6. requirements for a quality-assured application,
7. number of study participants who participated in the clinical studies at study sites within the scope of SGB V, and total number of study participants.

The G-BA may commission the Institute for Quality and Efficiency in Health Care (IQWiG) to carry out the benefit assessment. According to Section 35a, paragraph 2 SGB V, the assessment must be completed within three months of the relevant date for submission of the evidence and published on the internet.

According to Section 35a paragraph 3 SGB V, the G-BA decides on the benefit assessment within three months of its publication. The resolution is to be published on the internet and is part of the Pharmaceuticals Directive.

2. Key points of the resolution

The relevant date for the start of the benefit assessment procedure was the first placing on the (German) market of the active ingredient linvoseltamab on 1 October 2025 in accordance with Chapter 5 Section 8, paragraph 1, number 1, sentence 2 of the Rules of Procedure (VerfO) of the G-BA. Pursuant to Section 4, paragraph 3, No. 1 of the Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV) in conjunction with Chapter 5 Section 8, paragraph 1, No. 1 Rules of Procedure (VerfO), the pharmaceutical company submitted the final dossier to the G-BA on 29 September 2025.

The G-BA commissioned the IQWiG to carry out the assessment of the dossier. The benefit assessment was published on 2 January 2026 on the G-BA website (www.g-ba.de), thus initiating the written statement procedure. In addition, an oral hearing was held.

The G-BA came to a resolution on whether an additional benefit of linvoseltamab compared with the appropriate comparator therapy could be determined on the basis of the dossier of the pharmaceutical company, the dossier assessment prepared by the IQWiG, and the statements submitted in the written statement and oral hearing procedure. In order to determine the extent of the additional benefit, the G-BA have evaluated the data justifying the finding of an additional benefit on the basis of their therapeutic relevance (qualitative), in accordance with the criteria laid down in Chapter 5 Section 5, paragraph 7 VerfO. The methodology proposed by the IQWiG in accordance with the General Methods [1] was not used in the benefit assessment of linvoseltamab.

In the light of the above, and taking into account the statements received and the oral hearing, the G-BA have made the following assessment:

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

2.1.1 Approved therapeutic indication of Linvoseltamab (Lynozyfic) in accordance with the product information

Lynozyfic is indicated as monotherapy for the treatment of adult patients with relapsed and refractory multiple myeloma who have received at least 3 prior therapies, including a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody, and have demonstrated disease progression on the last therapy.

Therapeutic indication of the resolution (resolution of 19 March 2026):

See the approved therapeutic indication

2.1.2 Appropriate comparator therapy

The appropriate comparator therapy was determined as follows:

a) Adults with relapsed or refractory multiple myeloma who have received three prior therapies and have demonstrated disease progression on the last therapy; pretreatment includes a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody

Appropriate comparator therapy for linvoseltamab as monotherapy:

An individualised therapy with selection of

- Carfilzomib in combination with lenalidomide and dexamethasone
- Elotuzumab in combination with lenalidomide and dexamethasone
- Elotuzumab in combination with pomalidomide and dexamethasone
- Daratumumab in combination with bortezomib and dexamethasone
- Daratumumab in combination with lenalidomide and dexamethasone
- Daratumumab in combination with carfilzomib and dexamethasone

[1] General Methods, version 8.0 from 19.12.2025. Institute for Quality and Efficiency in Health Care (IQWiG), Cologne.

- Daratumumab in combination with pomalidomide and dexamethasone
- Isatuximab in combination with carfilzomib and dexamethasone
- Isatuximab in combination with pomalidomide and dexamethasone
- Pomalidomide in combination with bortezomib and dexamethasone [only subjects who are refractory to a CD38 antibody and lenalidomide are eligible]
- Ixazomib in combination with lenalidomide and dexamethasone [only subjects who are refractory to bortezomib, carfilzomib and a CD38 antibody are eligible]
- Carfilzomib in combination with dexamethasone

b) Adults with relapsed or refractory multiple myeloma who have received at least four prior therapies and have demonstrated disease progression on the last therapy; pretreatment includes a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody

Appropriate comparator therapy for linvoseltamab as monotherapy:

An individualised therapy with selection of

- Carfilzomib in combination with lenalidomide and dexamethasone
- Elotuzumab in combination with lenalidomide and dexamethasone
- Elotuzumab in combination with pomalidomide and dexamethasone
- Daratumumab in combination with bortezomib and dexamethasone
- Daratumumab in combination with lenalidomide and dexamethasone
- Daratumumab in combination with carfilzomib and dexamethasone
- Daratumumab in combination with pomalidomide and dexamethasone
- Isatuximab in combination with carfilzomib and dexamethasone
- Isatuximab in combination with pomalidomide and dexamethasone
- Pomalidomide in combination with bortezomib and dexamethasone [only subjects who are refractory to a CD38 antibody and lenalidomide are eligible]
- Ixazomib in combination with lenalidomide and dexamethasone [only subjects who are refractory to bortezomib, carfilzomib and a CD38 antibody are eligible]
- Panobinostat in combination with bortezomib and dexamethasone
- Carfilzomib in combination with dexamethasone
- Pomalidomide in combination with dexamethasone [only at least double-refractory subjects, who are ineligible for triplet therapy, are eligible]
- Lenalidomide in combination with dexamethasone [only at least double-refractory subjects, who are ineligible for triplet therapy, are eligible]
- Bortezomib in combination with pegylated liposomal doxorubicin [only at least double-refractory subjects, who are ineligible for triplet therapy, are eligible]
- Bortezomib in combination with dexamethasone [only at least double-refractory subjects, who are ineligible for triplet therapy, are eligible]
- Daratumumab monotherapy [only at least triple-refractory subjects, who are ineligible for triplet or doublet therapy, are eligible]
- Cyclophosphamide as monotherapy or in combination with dexamethasone [only at least triple-refractory subjects, who are ineligible for triplet or doublet therapy, are eligible]

- Melphalan as monotherapy or in combination with prednisolone or prednisone [only at least triple-refractory subjects, who are ineligible for triplet or doublet therapy, are eligible]

Criteria according to Chapter 5 Section 6 of the Rules of Procedure of the G-BA and Section 6 paragraph 2 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV):

The appropriate comparator therapy must be an appropriate therapy in the therapeutic indication according to the generally recognised state of medical knowledge (Section 12 SGB V), preferably a therapy for which endpoint studies are available and which has proven its worth in practical application unless contradicted by the guidelines under Section 92, paragraph 1 SGB V or the principle of economic efficiency.

In determining the appropriate comparator therapy, the following criteria, in particular, must be taken into account as specified in Chapter 5 Section 6, paragraph 3 VerfO:

1. To be considered as a comparator therapy, the medicinal product must, principally, have a marketing authorisation for the therapeutic indication.
2. If a non-medicinal treatment is considered as a comparator therapy, this must be available within the framework of the SHI system.
3. As comparator therapy, medicinal products or non-medicinal treatments for which the patient-relevant benefit has already been determined by the G-BA shall be preferred.
4. According to the generally recognised state of medical knowledge, the comparator therapy should be part of the appropriate therapy in the therapeutic indication.

According to Section 6, paragraph 2, sentence 2 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV), the determination of the appropriate comparator therapy must be based on the actual medical treatment situation as it would be without the medicinal product to be assessed. According to Section 6, paragraph 2, sentence 3 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV), the G-BA may exceptionally determine the off-label use of medicinal products as an appropriate comparator therapy or as part of the appropriate comparator therapy if they determine by resolution on the benefit assessment according to Section 7, paragraph 4 that, according to the generally recognised state of medical knowledge, this is considered a therapy standard in the therapeutic indication to be assessed or as part of the therapy standard in the medical treatment situation to be taken into account according to sentence 2, and

1. for the first time, a medicinal product approved in the therapeutic indication is available with the medicinal product to be assessed,
2. according to the generally recognised state of medical knowledge, the off-label use is generally preferable to the medicinal products previously approved in the therapeutic indication, or
3. according to the generally recognised state of medical knowledge, the off-label use for relevant patient groups or indication areas is generally preferable to the medicinal products previously approved in the therapeutic indication.

An appropriate comparator therapy may also be non-medicinal therapy, the best possible add-on therapy including symptomatic or palliative treatment, or monitoring wait-and-see approach.

Justification based on the criteria set out in Chapter 5 Section 6, paragraph 3 VerfO and Section 6, paragraph 2 AM-NutzenV:

On 1. In addition to linvoseltamab, the following active ingredients are approved in the present therapeutic indication:

bortezomib, carfilzomib, carmustine, ciltacabtagene autoleucel, cyclophosphamide, daratumumab, dexamethasone, doxorubicin, doxorubicin (pegylated liposomal), elotuzumab, elranatamab, idecabtagene vicleucel[2], isatuximab, ixazomib, lenalidomide, melphalan, melphalan flufenamide, panobinostat, pomalidomide, prednisolone, prednisone, selinexor, teclistamab, talquetamab and vincristine.

The marketing authorisations are in part linked to (specified) concomitant active ingredients and to the type of the prior therapies.

On 2. A non-medicinal treatment is not indicated in the present therapeutic indication.

On 3. Resolutions on the benefit assessment of medicinal products with new active ingredients according to Section 35a SGB V:

- Ciltacabtagene autoleucel – resolution of 15 August 2025
- Idecabtagene vicleucel – resolution of 19 September 2024
- Elranatamab – resolution of 4 July 2024
- Talquetamab – resolution of 7 March 2024
- Teclistamab – resolution of 15 February 2024
- Ciltacabtagene autoleucel – resolution of 17 August 2023
- Selinexor – resolutions of 16 March 2023
- Melphalan flufenamide – resolution of 16 March 2023
- Idecabtagene vicleucel – resolution of 16 June 2022
- Carfilzomib – resolutions of 15 February 2018 and 15 July 2021
- Daratumumab – resolutions of 15 February 2018, 3 February 2022 and 15 September 2022
- Elotuzumab – resolutions of 1 December 2016 and 16 December 2021
- Isatuximab – resolutions of 4 November 2021
- Ixazomib – resolution of 21 April 2022
- Panobinostat – resolution of 17 March 2016
- Pomalidomide – resolutions of 17 March 2016 and 5 December 2019

On 4. The generally recognised state of medical knowledge was illustrated by a systematic search for guidelines as well as systematic reviews of clinical studies in the present indication and is presented in the "Research and synopsis of the evidence to determine the appropriate comparator therapy according to Section 35a SGB V".

The scientific-medical societies and the Drugs Commission of the German Medical Association (AkdÄ) were also involved in writing on questions relating to the comparator therapy in the present therapeutic indication according to Section 35a, paragraph 7 SGB V. No written statement of the scientific-medical societies is available.

Among the approved active ingredients listed under 1., only certain active ingredients named below will be included in the appropriate comparator therapy, taking into account the evidence on therapeutic benefit, the guideline recommendations and the reality of health care provision.

[2] Currently not available on the German market

The evidence is limited for patients who have received three or at least four lines of prior therapy. A uniform treatment standard cannot be derived from the available evidence. National and international guidelines generally refer to individualised therapy, which is influenced by various factors. According to the S3 guideline, the active ingredients and combinations of active ingredients used in prior therapies as well as the type and duration of the response to the respective prior therapies and the general condition of the patients play a key role in the choice of therapy.

One criterion for individualised therapy is the duration of the response to the prior therapy. If the disease progresses under the respective prior therapy or if the duration of response after completion of the respective prior therapy is less than 12 months, it will not be considered again in the further course of treatment in accordance with the generally recognised state of medical knowledge. Accordingly, this therapy using the specific active ingredients or combinations of active ingredients in the further course of treatment may again be a suitable treatment option for relapsed patients in whom a response in the form of a complete remission (CR), a very good partial response (VGPR) and a partial response (PR) of more than 12 months after the end of therapy was achieved with a specific previous therapy.

The therapy recommendations of the S3 guideline differentiate between the treatment setting of the first to third recurrence and from the fourth recurrence onwards. This is due to the very heterogeneous patient population in the advanced lines of therapy, for whom the substances used in the earlier lines of therapy are increasingly no longer an option and who therefore have a poorer prognosis. Accordingly, in the present therapeutic indication of relapsed/refractory multiple myeloma, a distinction between two distinct patient populations depending on the number of prior therapies is considered appropriate despite the overlap of certain therapy options.

a) <u>Adults with relapsed and refractory multiple myeloma, who have received three prior therapies, including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 antibody and have demonstrated disease progression on the last therapy</u>

With regard to the relapsed/refractory disease situation after three prior therapies, the S3 guideline initially states that a triplet therapy with two new substances (monoclonal antibody, immunomodulatory agent, proteasome inhibitor) and a steroid should be used for patients. Furthermore, with reference to the respective approved therapeutic indications of the active ingredients, the guideline on the therapy of the 1st to 3rd relapse states that regarding each combination therapy all product classes can be generally used and combined in individual order. This is also done against the background that the therapeutic benefit of triplet therapies over doublet therapies is offset by increased therapy toxicity, meaning that they are unsuitable for all patients.

Overall, all approved therapies and preferably all approved triplet therapies with two new substances and a steroid are therefore initially considered. With regard to the individual therapy options, the following limitations apply to the respective active ingredients and combinations of active ingredients in the present therapeutic indication:

The therapy options pomalidomide in combination with bortezomib and dexamethasone (PVd) and ixazomib in combination with lenalidomide and dexamethasone (IRd) are restricted to patients with a specific refractoriness to the active ingredients or combinations of active ingredients used in the previous

treatments. The suitability of patients for the use of PVd and IRd as part of individualised therapy must be demonstrated based on the type and duration of response to the respective prior therapies in accordance with the specified limitations.

In addition to the triplet therapies, the dual combination of carfilzomib and dexamethasone is also determined as an appropriate comparator therapy as part of the individualised therapy. By G-BA resolution of 15 February 2018, a hint for a considerable additional benefit of this combination therapy compared to bortezomib in combination with dexamethasone was identified in the benefit assessment for adults after at least one prior therapy.

Overall, the appropriate comparator therapy is thus determined to be an individualised therapy with selection of the 12 combinations of active ingredients specified in the resolution, taking into account the active ingredients and combination of active ingredients used in the prior therapies as well as the type and duration of the response to the respective prior therapies.

Among the approved active ingredients that have not been determined as appropriate comparator therapy as part of individualised therapy in the present determination of the appropriate comparator therapy, taking into account the evidence on therapeutic benefit, guideline recommendations and the reality of care:

the CAR-T cell therapies idecabtagene vicleucel and ciltacabtagene autoleucel are approved for the treatment of patients who have undergone at least three prior therapies.

For idecabtagene vicleucel (resolution of 16 June 2022) as well as ciltacabtagene autoleucel (resolution of 17 August 2023), a hint for a non-quantifiable additional benefit was identified since the scientific data basis did not allow quantification. This was done against the background that no statement could be made about the extent of the additional benefit on the basis of the indirect comparison presented for both therapy options. No additional benefit of idecabtagene vicleucel (resolution of 19 September 2024) compared with individualised therapy with selection of DPd, DVd, IRd, Kd or EPd was identified for patients who have received at least two prior therapies.

The active ingredient selinexor is approved for the treatment setting after at least one prior therapy in combination with bortezomib and dexamethasone. It was determined by resolution of 16 March 2023 that an additional benefit of this combination therapy over the appropriate comparator therapy is not proven.

Melphalan flufenamide is a therapy option for the treatment of subjects with at least three prior therapies. The G-BA determined by resolution of 16 March 2023 that an additional benefit of melphalan flufenamide is not proven, as no suitable data were available to enable an assessment of the additional benefit.

Teclistamab is a therapy option for the treatment of subjects with at least three prior therapies. By resolution of 15 February 2024, it was determined that an additional benefit of teclistamab is not proven, as no data were available to enable the assessment of an additional benefit.

Talquetamab is another therapy option for the treatment of subjects who have undergone at least three prior therapies. As part of a benefit assessment for medicinal products for the treatment of a rare disease, the G-BA resolution of 7 March 2024

identified a hint for a non-quantifiable additional benefit of talquetamab since the scientific data does not allow quantification.

The active ingredient elranatamab is approved for the treatment setting after at least three prior therapies. It was determined by resolution of 4 July 2024 that an additional benefit of this monotherapy over the appropriate comparator therapy is not proven.

Monotherapy with bortezomib is no longer recommended as a therapy option in relevant guidelines due to its proven inferiority in terms of overall survival and is therefore not considered an appropriate comparator therapy.

The use of older chemotherapeutic agents, such as doxorubicin monotherapy, is of secondary importance according to the S3 guideline and is therefore not considered as the appropriate comparator therapy.

b) Adults with relapsed and refractory multiple myeloma, who have received at least 4 prior therapies, including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 antibody and have demonstrated disease progression on the last therapy

In accordance with the S3 guideline, patients who have undergone at least four prior therapies should also first be assessed to determine whether triplet therapy is appropriate and possible based on the status of the prior therapies.

In addition, the S3 guideline also refers to doublet therapies, conventional cytostatic agents, bispecific antibodies and CAR-T cell therapies.

Initially, therefore, all therapy options suitable for the treatment of patients who have undergone three prior therapies can also be considered for patients who have undergone at least four prior therapies (see patient group a). In addition, individualised criteria are also decisive for the treatment decision here, which is why an individualised therapy was determined as the appropriate comparator therapy. In addition to the active ingredients and combinations of active ingredients used in the prior therapies and the type and duration of the response to the respective prior therapies, the general condition is another relevant criterion for the selection of the individualised therapy for the extensively pretreated patients in this patient population.

In addition to the treatment options listed for patient group a), the treatment options listed below are considered suitable comparators as part of an individualised therapy:

Dual combinations can also be considered for at least double-refractory subjects who are ineligible for triplet therapy.

For at least triple refractory subjects, who are ineligible for triplet or doublet therapy, daratumumab, cyclophosphamide and melphalan, each as monotherapy, as well as cyclophosphamide in combination with dexamethasone and melphalan in combination with prednisone or prednisolone, are also suitable comparators as part of an individualised therapy. Ineligibility for triplet or doublet therapy should be justified on the basis of the patients' refractoriness and comorbidity and taking into account the toxicity of the respective therapy.

In the benefit assessment of the resolution of 16 March 2023, it was identified that an additional benefit of the combination of active ingredients selinexor in combination with dexamethasone compared to the appropriate comparator therapy is not proven. Selinexor in combination with dexamethasone is therefore not considered as a suitable comparator as part of an individualised therapy.

For patients who have undergone at least four prior therapies, it is assumed that this patient group will generally continue to receive antineoplastic treatment in the present therapeutic indication. Best supportive care is therefore not considered an appropriate comparator therapy.

Overall, the appropriate comparator therapy is thus determined to be an individualised therapy with selection of the above-mentioned active ingredients and combinations of active ingredients and taking into account the general condition, the active ingredients and combinations of active ingredients used in the prior therapies and the type and duration of the response to the respective prior therapies.

The findings in Annex XII do not restrict the scope of treatment required to fulfil the medical treatment mandate.

Any change to the appropriate comparator therapy requires a decision by the G-BA based on a prior review of the criteria set out in Chapter 5 Section 6, paragraph 3 VerfO.

2.1.3 Extent and probability of the additional benefit

In summary, the additional benefit of linvoseltamab is assessed as follows:

a) Adults with relapsed or refractory multiple myeloma who have received three prior therapies and have demonstrated disease progression on the last therapy; pretreatment includes a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody

An additional benefit is not proven.

b) Adults with relapsed or refractory multiple myeloma who have received at least four prior therapies and have demonstrated disease progression on the last therapy; pretreatment includes a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody

An additional benefit is not proven.

Justification:

The pharmaceutical company presented results from the pivotal LINKER-MM1 study for the benefit assessment of linvoseltamab for the treatment of adults with relapsed and refractory multiple myeloma who have received at least three prior therapies, including an immunomodulator, a proteasome inhibitor and an anti-CD38 antibody and have demonstrated disease progression on the last therapy.

The LINKER-MM1 study is an open-label, single-arm phase I/II study for investigating the safety and efficacy of linvoseltamab. The ongoing study with 276 patients enrolled at a total of 40 study sites across Europe, North America, Japan and South Korea has been underway since January 2019, and is scheduled to run until June 2033.

Phase 1 of the LINKER-MM1 study served the primary purpose of dose-ranging. In phase 2 of the study, the intravenous administration of linvoseltamab following step-up dosing (5 to 25 mg) was investigated in 3 cohorts at doses of 50 mg (Cohort 1) and 200 mg (Cohorts 2 and 3).

The primary endpoint in phase 2 of the LINKER-MM1 study is tumour response. Secondary endpoints were assessed in the categories of mortality, morbidity, health-related quality of life and side effects.

Overall, three data cut-offs are available:

- 1st data cut-off from 08.09.2023: pre-specified primary analysis
- 2nd data cut-off from 06.01.2024: data cut-off requested by the European Medicines Agency (EMA)
- 3rd data cut-off from 23.07.2024: non-pre-specified current data cut-off

The final data cut-off from 23.07.2024 is used for the present benefit assessment.

In addition, the pharmaceutical company presented results from non-randomised comparisons: firstly, between linvoseltamab and comparators - designated by the pharmaceutical company as standard therapies - from the non-interventional, retrospective cohort study R5458-ONC 21101, with adjustment for potential confounders using propensity scores; and secondly, between linvoseltamab and the bispecific antibodies teclistamab, talquetamab and elranatamab using matching-adjusted indirect comparison (MAIC) analysis without a bridge comparator.

Due to the single-arm study design, the LINKER-MM1 study does not allow a comparison with the appropriate comparator therapy and is therefore unsuitable for the assessment of an additional benefit of linvoseltamab compared with the appropriate comparator therapy.

The additionally presented non-randomised comparisons are unsuitable for the assessment of an additional benefit. MAIC analyses using aggregated study data are generally considered inappropriate in the benefit assessment context. The comparison using propensity score adjustment is subject to numerous uncertainties, among others, regarding the completeness of the study pool, the identification of confounders, and the comparator therapies used, most of which do not correspond to the appropriate comparator therapy.

An additional benefit of linvoseltamab for the treatment of adults with relapsed and refractory multiple myeloma, who have received at least three prior therapies, including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 antibody and have demonstrated disease progression on the last therapy is therefore not proven.

Conclusion

The results of the single-arm LINKER-MM1 study are available for the assessment of the additional benefit of linvoseltamab. In addition, the pharmaceutical company presented the results of non-randomised comparisons, adjusting for potential confounders using propensity scores on the one hand and MAIC analyses on the other. The results of the single-arm study are unsuitable for the assessment of the additional benefit as they do not allow a comparison with the appropriate comparator therapy. MAIC analyses using aggregated study data are generally considered inappropriate in the benefit assessment context. Comparison using propensity score adjustment is subject to numerous uncertainties.

An additional benefit of linvoseltamab as monotherapy for the treatment of adults with relapsed and refractory multiple myeloma, who have received at least three prior therapies, including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 antibody and have demonstrated disease progression on the last therapy is therefore not proven.

2.1.4 Summary of the assessment

The present assessment concerns the benefit assessment of the new medicinal product Lynozyfic with the active ingredient linvoseltamab. Lynozyfic received a conditional marketing authorisation.

Linvoseltamab is indicated for the treatment of adults with relapsed and refractory multiple myeloma, who have received at least three prior therapies, including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 antibody and have demonstrated disease progression on the last therapy.

In the therapeutic indication to be considered, two patient groups were distinguished by the number of prior therapies.

a) Adults with relapsed or refractory multiple myeloma who have received three prior therapies and have demonstrated disease progression on the last therapy; pretreatment includes a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody

The G-BA determined the appropriate comparator therapy to be an individualised therapy with selection of several therapy options, including triplet therapies and a doublet therapy with the active ingredients bortezomib, carfilzomib, ixazomib, elotuzumab, daratumumab, isatuximab, lenalidomide, pomalidomide and dexamethasone. The treatment decision is made by especially taking into account the active ingredients and combinations of active ingredients used in the prior therapies as well as the type and duration of the response to the respective prior therapies.

b) Adults with relapsed or refractory multiple myeloma who have received at least four prior therapies and have demonstrated disease progression on the last therapy; pretreatment includes a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody

The G-BA determined the appropriate comparator therapy to be an individualised therapy with selection of several therapy options, including mono, doublet and triplet therapies with the active ingredients bortezomib, carfilzomib, ixazomib, elotuzumab, daratumumab, isatuximab, lenalidomide, pomalidomide, cyclophosphamide, melphalan, doxorubicin, panobinostat, dexamethasone, prednisone or prednisolone. The treatment decision is made by especially taking into account the active ingredients and combinations of active ingredients used in the prior therapies as well as the type and duration of the response to the respective prior therapies.

On patient groups a) and b):

For the benefit assessment of linvoseltamab, the pharmaceutical company presented the results of the single-arm LINKER-MM1 study. Furthermore, the pharmaceutical company presented the results of non-randomised comparisons between adjustment using propensity scores on the one hand and a matching-adjusted indirect comparison (MAIC) analysis on the other.

The LINKER-MM1 study is unsuitable for the benefit assessment as it does not allow a comparison with the appropriate comparator therapy. MAIC analyses using aggregated study data are generally considered inappropriate in the benefit assessment context. Comparison using propensity score adjustment is subject to numerous uncertainties.

No appropriate data are therefore available for the benefit assessment.

An additional benefit of linvoseltamab for the treatment of adults with relapsed and refractory multiple myeloma, who have received at least three prior therapies, including an

immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 antibody and have demonstrated disease progression on the last therapy is therefore not proven.

2.2 Number of patients or demarcation of patient groups eligible for treatment

The information on the number of patients is based on the target population in statutory health insurance (SHI).

The pharmaceutical company calculated the number of patients in the SHI target population using two derivation steps. Starting with the patient numbers from the resolution on elranatamab (resolution of 4 July 2024), they were then multiplied by an annual rate of increase of 0.80% taken from the procedure for ciltacabtagene autoleucel (resolution of 17 August 2023). To determine the percentages of patients in the respective sub-populations, the pharmaceutical company referred to the study by Dhanasiri et al.[3]

The patient number in the SHI target population is subject to uncertainty due to the following aspects:

- The patient number based on the resolution on the elranatamab procedure was deemed uncertain in the associated dossier assessment. This uncertainty therefore also applies to the present derivation. There is also uncertainty regarding the rate of increase due to newly introduced treatment options.
- The percentages used in the study by Dhanasiri et al. to investigate the sub-populations 1 and 2 are inappropriate. The following aspects point to the uncertainty regarding the percentages:
    - The IQR indicate that the survey findings are relatively widely scattered.
    - The results do show that the clinical experts validated the survey findings. However, they stated that the percentage of patients receiving further treatment following triple-class exposure could be around 60% to 70%, taking into account a relatively good performance status (Eastern Cooperative Oncology Group [ECOG] performance status of 0 or 1). Overall, it however remains unclear how the pharmaceutical company ultimately calculated and methodologically determined the percentages used by them (two-thirds for sub-population 1 and one-third for sub-population 2) on the basis of the study results.
    - The authors themselves point out limitations such as risk of bias arising from the self-assessment of the haematologists surveyed and the variability in responses due to differing experiences. Furthermore, according to the authors, the limited sample size per country could limit the representativeness of the results.

With the aim of ensuring a consistent determination of patient numbers in the present therapeutic indication, the G-BA draw upon the derivation of patient numbers taken as a basis for the resolution on the benefit assessment of elranatamab (resolution of 4 July 2024) and also take the relevant data on patient numbers as the basis for the present resolution. Despite the uncertainties that remain, this derivation is considered a more valid estimate of the

[3] Dhanasiri S, Hollier-Hann G, Stothard C et al. Treatment Patterns and Outcomes in Triple-Class Exposed Patients With Relapsed and Refractory Multiple Myeloma: Findings From the Multinational ITEMISE Study. Clin Ther 2021; 43(11): 1983-1996.e3. https://doi.org/10.1016/j.clinthera.2021.09.013.

number of patients in the SHI target population compared with the data provided by the pharmaceutical company.

2.3 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 Lynozyfic (active ingredient: linvoseltamab) at the following publicly accessible link (last access: 9 February 2026):

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

Treatment with linvoseltamab should only be initiated and monitored by specialists in internal medicine, haematology and oncology experienced in the treatment of patients with multiple myeloma.

In accordance with the EMA requirements regarding additional risk minimisation measures, the pharmaceutical company must provide a patient card.

The patient card is intended to explain the risks of cytokine release syndrome and immune effector cell-associated neurotoxicity syndrome and when patients should seek urgent medical treatment in the event of signs and symptoms. In addition, the patient card reminds patients that they should stay close to a medical facility and be monitored daily for signs and symptoms for 48 hours after being administered the step-up doses.

This medicinal product received a conditional marketing authorisation. This means that further evidence of the benefit of the medicinal product is anticipated. The EMA will assess new information on this medicinal product at least annually and update the product information as necessary.

2.4 Treatment costs

The treatment costs are based on the requirements in the product information and the information listed in the LAUER-TAXE® (last revised: 15 January 2026). The calculation of treatment costs is generally based on the last revised LAUER-TAXE® version following the publication of the benefit assessment.

The annual treatment costs shown refer to the first year of treatment.

If no maximum treatment duration is specified in the product information, the treatment duration is assumed to be one year (365 days), even if the actual treatment duration is different from patient to patient and/or is shorter on average. The time unit "days" is used to calculate the "number of treatments/ patient/ year", time intervals between individual treatments and the maximum treatment duration, if specified in the product information.

When combining melphalan with prednisone or prednisolone, the treatment regimens and dosages follow the underlying product information for melphalan, prednisone or prednisolone.

For the cyclophosphamide + dexamethasone combination which was defined as the appropriate comparator therapy, no study that would allow cost representation could be identified. The costs can therefore not be quantified.

For bortezomib in combination with pegylated liposomal doxorubicin, a treatment duration of eight cycles is assumed, even if the actual treatment duration may differ from patient to patient.

Treatment with ixazomib in combination with lenalidomide and dexamethasone for more than 24 cycles should be based on an individual risk-benefit assessment, as data on tolerability and toxicity beyond 24 cycles are limited.

Treatment with carfilzomib in combination with lenalidomide and dexamethasone spanning beyond 18 cycles should be based on an individual risk-benefit assessment, as data on the tolerability and toxicity of carfilzomib beyond 18 cycles are limited.

Treatment period:

a) Adults with relapsed or refractory multiple myeloma who have received three prior therapies and have demonstrated disease progression on the last therapy; pretreatment includes a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Medicinal product to be assessed				
Linvoseltamab	Step-up dosage regimen: Week 1 – 3 Day 1	3	1	3
	Week 4 – 13 1 x every 7 days	10	1	10
	From week 14: Continuously, 1 x every 14 days	19.6	1	19.6
	or			
	Week 14 – 23: 1 x every 14 days From week 24: Continuously, 1 x every 28 days	12.3	1	12.3
Appropriate comparator therapy				
An individualised therapy with selection of				
Carfilzomib in combination with lenalidomide and dexamethasone				

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Carfilzomib	1st – 12th cycle: Day 1, 2, 8, 9, 15, 16 From 13th cycle: Day 1, 2, 15, 16 28-day cycle	13.0	1st – 12th cycle: 6 From 13th cycle: 4	76.0
Lenalidomide	Day 1 – 21: 28-day cycle	13.0	21	273.0
Dexamethasone	Day 1, 8, 15, 22: 28-day cycle	13.0	4	52.0
Elotuzumab in combination with lenalidomide and dexamethasone				
Elotuzumab	1st – 2nd cycle: Day 1, 8, 15, 22 From 3rd cycle: Day 1, 15 28-day cycle	13.0	1st – 2nd cycle 4 From 3rd cycle 2	30.0
Lenalidomide	Day 1 – 21: 28-day cycle	13.0	21	273.0
Dexamethasone	Day 1, 8, 15, 22: 28-day cycle	13.0	4	52.0
Elotuzumab in combination with pomalidomide and dexamethasone				
Elotuzumab	1st – 2nd cycle: Day 1, 8, 15, 22 From 3rd cycle: Day 1 28-day cycle	13.0	1st – 2nd cycle: 4 From 3rd cycle: 1	19.0
Pomalidomide	Day 1 – 21: 28-day cycle	13.0	21	273.0
Dexamethasone	Day 1, 8, 15, 22: 28-day cycle	13.0	4	52.0
Daratumumab in combination with bortezomib and dexamethasone				
Daratumumab	Cycle 1 – 3: Day 1, 8 and 15 of a 21-day cycle Cycle 4 – 8: Day 1 of a 21-day cycle	21.0	1	21.0

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
	From 9th cycle: Day 1 of a 28-day cycle			
Bortezomib	Day 1, 4, 8 and 11: 21-day cycle	8	4	32
Dexamethasone	Day 1, 2, 4, 5, 8, 9, 11 and 12 of a 21-day cycle	8	Cycle 1 – 3: 6 Cycle 4 – 8: 7	53[4]
Daratumumab in combination with lenalidomide and dexamethasone				
Daratumumab	Cycle 1 - 2: Day 1, 8, 15, 22 Cycle 3 – 6: Day 1, 15 From cycle 7: Day 1 28-day cycle	23.0	1	23.0
Lenalidomide	Day 1 – 21: 28-day cycle	13.0	21	273.0
Dexamethasone	Day 1, 8, 15, 22: 28-day cycle	13.0	Cycle 1 - 2: 0 Cycle 3 – 6: 2 From cycle 7: 3	29.0[5]
Daratumumab in combination with carfilzomib and dexamethasone				
Daratumumab	Cycle 1 - 2: Day 1, 8, 15, 22 Cycle 3 – 6: Day 1, 15 From cycle 7: Day 1 28-day cycle	13.0	Cycle 1 - 2: 4 cycle: 3 – 6: 2 From cycle 7: 1	23.0
Carfilzomib	Day 1, 2, 8, 9, 15, 16 28-day cycle	13.0	6	78.0

[4] On the days of daratumumab administration, 20 mg of the dexamethasone dose is used as premedication.
[5] On the days of daratumumab administration, 20 mg of the dexamethasone dose is used as premedication and 20 mg on the day after daratumumab administration

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Dexamethasone	Day 1, 2, 8, 9, 15, 16, 22: 28-day cycle	13.0	Cycle 1 - 2: 3 cycle: 3 – 6: 5 From cycle 7: 6	68.0[6]
Daratumumab in combination with pomalidomide and dexamethasone				
Daratumumab	Cycle 1 - 2: Day 1, 8, 15, 22 Cycle 3 – 6: Day 1, 15 From cycle 7: Day 1 28-day cycle	23.0	1	23.0
Pomalidomide	Day 1 – 21: 28-day cycle	13.0	21	273.0
Dexamethasone	Day 1, 8, 15, 22: 28-day cycle	13.0	Cycle 1 - 2: 0 Cycle 3 – 6: 2 From cycle 7: 3	29.0[5]
Isatuximab in combination with carfilzomib and dexamethasone				
Isatuximab	1st cycle: Day 1, 8, 15, 22 From 2nd cycle: Day 1, 15 28-day cycle	13.0	1st cycle: 4 From 2nd cycle: 2	28.0
Carfilzomib	Day 1, 2, 8, 9, 15, 16: 28-day cycle	13.0	6	78.0
Dexamethasone PO / IV	Day 1, 2, 8, 9, 15, 16, 22 and 23: 28-day cycle	13.0	8	104.0[7]
Isatuximab in combination with pomalidomide and dexamethasone				

[6] On the days of daratumumab administration, the treatment dose of dexamethasone is used as premedication.

[7] On the days of isatuximab and/or carfilzomib administration, 20 mg of the dexamethasone dose is administered intravenously as premedication.

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Isatuximab	1st cycle: Day 1, 8, 15, 22 From 2nd cycle: Day 1, 15 28-day cycle	13.0	1st cycle: 4 From 2nd cycle: 2	28.0
Pomalidomide	Day 1 – 21: 28-day cycle	13.0	21	273.0
Dexamethasone	Day 1, 8, 15, 22: 28-day cycle	13.0	4	52.0
Pomalidomide in combination with bortezomib and dexamethasone (only subjects, who are refractory to a CD38 antibody and lenalidomide, are eligible)				
Pomalidomide	Day 1 – 14: 21-day cycle	17.4	14	243.6
Bortezomib	1st - 8th cycle: Day 1, 4, 8, 11 From 9th cycle: Day 1, 8 21-day cycle	17.4	1st - 8th cycle: 4 From 9th cycle: 2	50.8
Dexamethasone	1st - 8th cycle: Day 1, 2, 4, 5, 8, 9, 11, 12 From 9th cycle: Day 1, 2, 8, 9 21-day cycle	17.4	1st - 8th cycle: 8 From 9th cycle: 4	101.6
Ixazomib in combination with lenalidomide and dexamethasone (only subjects, who are refractory to bortezomib, carfilzomib and a CD38 antibody, are eligible)				
Ixazomib	Day 1, 8, 15 of a 28-day cycle	13.0	3	39.0
Lenalidomide	Day 1 – 21 of a 28-day cycle	13.0	21	273.0
Dexamethasone	Day 1, 8, 15, 22 of a 28-day cycle	13.0	4	52.0
Carfilzomib in combination with dexamethasone				
Carfilzomib	Day 1, 2, 8, 9, 15, 16: 28-day cycle	13.0	6	78.0
Dexamethasone	Day 1, 2, 8, 9, 15, 16, 22, 23:	13.0	8	104.0

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
	28-day cycle			

b) Adults with relapsed or refractory multiple myeloma who have received at least four prior therapies and have demonstrated disease progression on the last therapy; pretreatment includes a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Medicinal product to be assessed				
Linvoseltamab	Step-up dosage regimen: Week 1 – 3 Day 1	3	1	3
	Week 4 – 13 1 x every 7 days	10	1	10
	From week 14: Continuously, 1 x every 14 days	19.6	1	19.6
	or			
	Week 14 – 23: 1 x every 14 days From week 24: Continuously, 1 x every 28 days	12.3	1	12.3
Appropriate comparator therapy				
An individualised therapy with selection of				
Carfilzomib in combination with lenalidomide and dexamethasone				
Carfilzomib	1st – 12th cycle: Day 1, 2, 8, 9, 15, 16 From 13th cycle: Day 1, 2, 15, 16 28-day cycle	13.0	1st – 12th cycle: 6 From 13th cycle: 4	76.0
Lenalidomide	Day 1 – 21: 28-day cycle	13.0	21	273.0
Dexamethasone	Day 1, 8, 15, 22:	13.0	4	52.0

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
	28-day cycle			
Elotuzumab in combination with lenalidomide and dexamethasone				
Elotuzumab	1st – 2nd cycle: Day 1, 8, 15, 22 From 3rd cycle: Day 1, 15 28-day cycle	13.0	1st – 2nd cycle 4 From 3rd cycle 2	30.0
Lenalidomide	Day 1 – 21: 28-day cycle	13.0	21	273.0
Dexamethasone	Day 1, 8, 15, 22: 28-day cycle	13.0	4	52.0
Elotuzumab in combination with pomalidomide and dexamethasone				
Elotuzumab	1st – 2nd cycle: Day 1, 8, 15, 22 From 3rd cycle: Day 1 28-day cycle	13.0	1st – 2nd cycle: 4 From 3rd cycle: 1	19.0
Pomalidomide	Day 1 – 21: 28-day cycle	13.0	21	273.0
Dexamethasone	Day 1, 8, 15, 22: 28-day cycle	13.0	4	52.0
Daratumumab in combination with bortezomib and dexamethasone				
Daratumumab	Cycle 1 – 3: Day 1, 8 and 15 of a 21-day cycle Cycle 4 – 8: Day 1 of a 21-day cycle From 9th cycle: Day 1 of a 28-day cycle	21.0	1	21.0
Bortezomib	Day 1, 4, 8 and 11: 21-day cycle	8	4	32
Dexamethasone	Day 1, 2, 4, 5, 8, 9, 11 and 12 of a 21-day cycle	8	Cycle 1 – 3: 6 Cycle 4 – 8:	53[4]

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
			7	
Daratumumab in combination with lenalidomide and dexamethasone				
Daratumumab	Cycle 1 - 2: Day 1, 8, 15, 22 Cycle 3 – 6: Day 1, 15 From cycle 7: Day 1 28-day cycle	23.0	1	23.0
Lenalidomide	Day 1 – 21: 28-day cycle	13.0	21	273.0
Dexamethasone	Day 1, 8, 15, 22: 28-day cycle	13.0	Cycle 1 - 2: 0 Cycle 3 – 6: 2 From cycle 7: 3	29.0[5]
Daratumumab in combination with carfilzomib and dexamethasone				
Daratumumab	Cycle 1 - 2: Day 1, 8, 15, 22 Cycle 3 – 6: Day 1, 15 From cycle 7: Day 1 28-day cycle	13.0	Cycle 1 - 2: 4 cycle: 3 – 6: 2 From cycle 7: 1	23.0
Carfilzomib	Day 1, 2, 8, 9, 15, 16 28-day cycle	13.0	6	78.0
Dexamethasone	Day 1, 2, 8, 9, 15, 16, 22: 28-day cycle	13.0	Cycle 1 - 2: 3 cycle: 3 – 6: 5 From cycle 7: 6	68.0[6]
Daratumumab in combination with pomalidomide and dexamethasone				
Daratumumab	Cycle 1 - 2: Day 1, 8, 15, 22 Cycle 3 – 6: Day 1, 15 From cycle 7:	23.0	1	23.0

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
	Day 1 28-day cycle			
Pomalidomide	Day 1 – 21: 28-day cycle	13.0	21	273.0
Dexamethasone	Day 1, 8, 15, 22: 28-day cycle	13.0	Cycle 1 - 2: 0 Cycle 3 – 6: 2 From cycle 7: 3	29.0[5]
Isatuximab in combination with carfilzomib and dexamethasone				
Isatuximab	1st cycle: Day 1, 8, 15, 22 From 2nd cycle: Day 1, 15 28-day cycle	13.0	1st cycle: 4 From 2nd cycle: 2	28.0
Carfilzomib	Day 1, 2, 8, 9, 15, 16: 28-day cycle	13.0	6	78.0
Dexamethasone PO / IV	Day 1, 2, 8, 9, 15, 16, 22, 23: 28-day cycle	13.0	8	104.0[7]
Isatuximab in combination with pomalidomide and dexamethasone				
Isatuximab	1st cycle: Day 1, 8, 15, 22 From 2nd cycle: Day 1, 15 28-day cycle	13.0	1st cycle: 4 From 2nd cycle: 2	28.0
Pomalidomide	Day 1 - 21: 28-day cycle	13.0	21	273.0
Dexamethasone	Day 1, 8, 15, 22: 28-day cycle	13.0	4	52.0
Pomalidomide in combination with bortezomib and dexamethasone (only subjects, who are refractory to a CD38 antibody and lenalidomide, are eligible)				
Pomalidomide	Day 1 – 14: 21-day cycle	17.4	14	243.6
Bortezomib	1st - 8th cycle: Day 1, 4, 8, 11	17.4	1st - 8th cycle: 4	50.8

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
	From 9th cycle: Day 1, 8 21-day cycle		From 9th cycle: 2	
Dexamethasone	1st - 8th cycle: Day 1, 2, 4, 5, 8, 9, 11, 12 From 9th cycle: Day 1, 2, 8, 9 21-day cycle	17.4	1st - 8th cycle: 8 From 9th cycle: 4	101.6
Ixazomib in combination with lenalidomide and dexamethasone (only subjects, who are refractory to bortezomib, carfilzomib and a CD38 antibody, are eligible)				
Ixazomib	Day 1, 8, 15 of a 28-day cycle	13.0	3	39.0
Lenalidomide	Day 1 – 21 of a 28-day cycle	13.0	21	273.0
Dexamethasone	Day 1, 8, 15, 22 of a 28-day cycle	13.0	4	52.0
Panobinostat in combination with bortezomib and dexamethasone				
Panobinostat	1st – 16th cycle: Day 1, 3, 5, 8, 10, 12 21-day cycle	8 – 16	6	48 – 96
Bortezomib	1st - 8th cycle: Day 1, 4, 8, 11 9th – 16th cycle: Day 1, 8 21-day cycle	8 – 16	1st - 8th cycle: 4 9th – 16th cycle: 2	32 – 48
Dexamethasone	1st - 8th cycle: Day 1, 2, 4, 5, 8, 9, 11, 12 9th – 16th cycle: Day 1, 2, 8, 9 21-day cycle	8 – 16	1st - 8th cycle: 8 9th – 16th cycle: 4	64 – 96
Carfilzomib in combination with dexamethasone				

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Carfilzomib	Day 1, 2, 8, 9, 15, 16: 28-day cycle	13.0	6	78.0
Dexamethasone	Day 1, 2, 8, 9, 15, 16, 22, 23: 28-day cycle	13.0	8	104.0
Pomalidomide in combination with dexamethasone (only for at least double-refractory subjects who are ineligible for triplet therapy)				
Pomalidomide	Day 1 – 21 of a 28-day cycle	13.0	21	273.0
Dexamethasone	Day 1, 8, 15, 22 of a 28-day cycle	13.0	4	52.0
Lenalidomide in combination with dexamethasone (only for at least double-refractory subjects who are ineligible for triplet therapy)				
Lenalidomide	Day 1 – 21 of a 28-day cycle	13.0	21	273.0
Dexamethasone	1st – 4th cycle: Day 1 – 4, 9 – 12, 17 – 20 From 5th cycle: Day 1 – 4 28-day cycle	13.0	1st – 4th cycle: 12 From 5th cycle: 4	84.0
Bortezomib in combination with pegylated liposomal doxorubicin (only at least double-refractory subjects, who are ineligible for triplet therapy, are eligible)				
Bortezomib	Day 1, 4, 8, 11: 21-day cycle	8	4	32
Doxorubicin (pegylated, liposomal)	Day 4: 21-day cycle	8	1	8
Bortezomib in combination with dexamethasone (only at least double-refractory subjects, who are ineligible for triplet therapy, are eligible)				
Bortezomib	Day 1, 4, 8, 11: 21-day cycle	4 – 8	4	16 – 32
Dexamethasone	Day 1, 2, 4, 5, 8, 9, 11, 12: 21-day cycle	4 – 8	8	32 – 64
Daratumumab monotherapy (only at least triple-refractory subjects, who are ineligible for triplet or doublet therapy, are eligible)				
Daratumumab	Cycle 1 - 2: Day 1, 8, 15, 22	23.0	1	23.0

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
	<u>Cycle 3 – 6:</u> Day 1, 15 <u>From cycle 7:</u> Day 1 28-day cycle			
Cyclophosphamide as monotherapy (only at least triple-refractory subjects, who are ineligible for triplet or doublet therapy, are eligible)				
Cyclophosphamide	Continuously, 1 x daily or Continuously, 1 x every 21 – 28 days or continuously, every 2 – 5 days	13.0 – 365.0	1	13.0 – 365.0
Cyclophosphamide in combination with dexamethasone (only at least triple-refractory subjects, who are ineligible for triplet or doublet therapy, are eligible)				
No specification possible				
Melphalan as monotherapy (only at least triple-refractory subjects, who are ineligible for triplet or doublet therapy, are eligible)				
Melphalan	Continuously, 1 x every 28 days	13.0	1	13.0
Melphalan in combination with prednisolone or prednisone (only at least triple refractory subjects, who are ineligible for triplet or doublet therapy, are eligible)				
Melphalan	Day 1 of a 28 – 42-day cycle	8.7 – 13.0	1	8.7 – 13.0
Prednisolone	Day 1 – 4 of a 28 – 42-day cycle	8.7 – 13.0	4	34.8 – 52.0
Melphalan	Day 1 of a 28 – 42-day cycle	8.7 – 13.0	1	8.7 – 13.0
Prednisone	Day 1 – 4 of a 28 – 42-day cycle	8.7 – 13.0	4	34.8 – 52.0

<u>Consumption:</u>

For dosages depending on body weight (BW) or body surface area (BSA), the average body measurements from the official representative statistics "Microcensus 2021 – body measurements of the population" were applied (average body height: 1.72 m; average body

weight: 77.7 kg). This results in a body surface area of 1.91 m² (calculated according to Du Bois 1916)[8].

For the cost representation, only the dosages of the general case are considered. Patient-individual dose adjustments (e.g. because of side effects or comorbidities) are not taken into account when calculating the annual treatment costs.

As it is not always possible to achieve the exact calculated dose per day with the commercially available dosage strengths, in these cases rounding up or down to the next higher or lower available dose that can be achieved with the commercially available dosage strengths as well as the scalability of the respective dosage form.

[8] Federal Health Reporting. Average body measurements of the population (2021, both sexes, 15 years and older), www.gbe-bund.de

a) Adults with relapsed or refractory multiple myeloma who have received three prior therapies and have demonstrated disease progression on the last therapy; pretreatment includes a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody

Designation of the therapy	Dosage/ application	Dose/ patient/ treatment days	Consumption by potency/ treatment day	Treatment days/ patient/ year	Average annual consumption by potency
Medicinal product to be assessed					
Linvoseltamab	Step-up dosing: Week 1 Day 1 5 mg	Step-up dosing: Week 1 Day 1 5 mg	Step-up dosing: Week 1 Day 1 1 x 5 mg	1	1 x 5 mg
	Step-up dosing: Week 2 Day 1: 25 mg	Step-up dosing: Week 2 Day 1: 25 mg	Step-up dosing: Week 2 Day 1: 5 x 5 mg	1	5 x 5 mg
	Step-up dosing: Week 3 Day 1 200 mg	Step-up dosing: Week 3 Day 1 200 mg	Step-up dosing: Week 3 Day 1 1 x 200 mg	1	1 x 200 mg
	Week 4 to week 13: 200 mg	Week 4 to week 13: 200 mg	Week 4 to week 13: 1 x 200 mg	10	10 x 200 mg
	From week 14: 200 mg	From week 14: 200 mg	From week 14: 1 x 200 mg	12.3 – 19.6	12.3 x 200 mg – 19.6 x 200 mg
Appropriate comparator therapy					
An individualised therapy with selection of					
Carfilzomib in combination with lenalidomide and dexamethasone					
Carfilzomib	1st cycle Day 1, 2 20 mg/m² = 38.2 mg Thereafter 27 mg/m² = 51.6 mg	1st cycle Day 1, 2 38.2 mg Thereafter 51.6 mg	1st cycle Day 1, 2 1 x 10 mg + 1 x 30 mg Thereafter 1 x 60 mg	76.0	2 x 10 mg + 2 x 30 mg + 74 x 60 mg
Lenalidomide	25 mg	25 mg	1 x 25 mg	273.0	273 x 25 mg
Dexamethasone	40 mg	40 mg	1 x 40 mg	52.0	52 x 40 mg
Elotuzumab in combination with lenalidomide and dexamethasone					

Designation of the therapy	Dosage/ application	Dose/ patient/ treatment days	Consumption by potency/ treatment day	Treatment days/ patient/ year	Average annual consumption by potency
Elotuzumab	10 mg/kg = 777 mg	777 mg	2 x 400 mg	30.0	60 x 400 mg
Lenalidomide	25 mg	25 mg	1 x 25 mg	273.0	273 x 25 mg
Dexamethasone	1st –2nd cycle Day 1, 8, 15, 22: 28 mg From 3rd cycle Day 1, 15: 28 mg Day 8, 22: 40 mg	1st –2nd cycle Day 1, 8, 15, 22: 28 mg From 3rd cycle Day 1, 15: 28 mg Day 8, 22: 40 mg	1 x 8 mg + 1 x 20 mg or 1 x 40 mg	52.0	30 x 8 mg + 30 x 20 mg + 22 x 40 mg
Elotuzumab in combination with pomalidomide and dexamethasone					
Elotuzumab	1st –2nd cycle Day 1, 8, 15, 22: 10 mg/kg = 777 mg From 3rd cycle Day 1: 20 mg/kg = 1,554 mg	1st –2nd cycle Day 1, 8, 15, 22: 777 mg From 3rd cycle Day 1: 1,554 mg	1st –2nd cycle Day 1, 8, 15, 22: 2 x 400 mg From 3rd cycle Day 1: 4 x 400 mg	19.0	60 x 400 mg
Pomalidomide	4 mg	4 mg	1 x 4 mg	273.0	273 x 4 mg
Dexamethasone	1st –2nd cycle Day 1, 8, 15, 22: 28 mg From 3rd cycle Day 1: 28 mg Day 8, 15, 22: 40 mg	1st – 2nd cycle Day 1, 8, 15, 22: 28 mg From 3rd cycle Day 1 28 mg Day 8, 15, 22: 40 mg	1 x 8 mg + 1 x 20 mg or 1 x 40 mg	52.0	19 x 8 mg + 19 x 20 mg + 33 x 40 mg
Daratumumab in combination with bortezomib and dexamethasone					
Daratumumab	1,800 mg	1,800 mg	1 x 1,800 mg	21.0	21 x 1,800 mg
Bortezomib	1.3 mg/m² = 2.5 mg	2.5 mg	1 x 2.5 mg	32	32 x 2.5 mg
Dexamethasone	20 mg	20 mg	1 x 20 mg	53	53 x 20 mg

Designation of the therapy	Dosage/ application	Dose/ patient/ treatment days	Consumption by potency/ treatment day	Treatment days/ patient/ year	Average annual consumption by potency
Daratumumab in combination with lenalidomide and dexamethasone					
Daratumumab	1,800 mg	1,800 mg	1 x 1,800 mg	23.0	23 x 1,800 mg
Lenalidomide	25 mg	25 mg	1 x 25 mg	273.0	273 x 25 mg
Dexamethasone	40 mg	40 mg	1 x 40 mg	29.0	29 x 40 mg
Daratumumab in combination with carfilzomib and dexamethasone					
Daratumumab	1,800 mg	1,800 mg	1 x 1,800 mg	23.0	23 x 1,800 mg
Carfilzomib	1st cycle Day 1, 2 20 mg/m² = 38.2 mg Thereafter 56 mg/m² = 107 mg	1st cycle Day 1, 2 38.2 mg Thereafter 107 mg	1st cycle Day 1, 2 1 x 10 mg + 1 x 30 mg Thereafter 2 x 10 mg + 1 x 30 mg + 1 x 60 mg	78.0	154 x 10 mg + 78 x 30 mg + 76 x 60 mg
Dexamethasone	Day 1, 2, 8, 9, 15, 16 20 mg Day 22 40 mg	Day 1, 2, 8, 9, 15, 16 20 mg Day 22 40 mg	Day 1, 2, 8, 9, 15, 16 1 x 20 mg Day 22 1 x 40 mg	68.0	57 x 20 mg + 11 x 40 mg
Daratumumab in combination with pomalidomide and dexamethasone					
Daratumumab	1,800 mg	1,800 mg	1 x 1,800 mg	23.0	23 x 1,800 mg
Pomalidomide	4 mg	4 mg	1 x 4 mg	273.0	273 x 4 mg
Dexamethasone	40 mg	40 mg	1 x 40 mg	29.0	29 x 40 mg
Isatuximab in combination with carfilzomib and dexamethasone					
Isatuximab	10 mg/kg = 777 mg	777 mg	1 x 500 mg + 3 x 100 mg	28.0	28 x 500 mg + 84 x 100 mg
Carfilzomib	1st cycle Day 1, 2 20 mg/m² = 38.2 mg Thereafter 56 mg/m² = 107 mg	1st cycle Day 1, 2 38.2 mg Thereafter 107 mg	1st cycle Day 1, 2 1 x 10 mg + 1 x 30 mg Thereafter 2 x 10 mg + 1 x 30 mg + 1 x 60 mg	78.0	154 x 10 mg + 78 x 30 mg + 76 x 60 mg
Dexamethasone PO	20 mg	20 mg	1 x 20 mg	25.0	25 x 20 mg
Dexamethasone	20 mg	20 mg	5 x 4 mg	79.0	395 x 4 mg

Designation of the therapy	Dosage/ application	Dose/ patient/ treatment days	Consumption by potency/ treatment day	Treatment days/ patient/ year	Average annual consumption by potency
IV					
Isatuximab in combination with pomalidomide and dexamethasone					
Isatuximab	10 mg/kg = 777 mg	777 mg	1 x 500 mg + 3 x 100 mg	28.0	28 x 500 mg + 84 x 100 mg
Pomalidomide	4 mg	4 mg	1 x 4 mg	273.0	273 x 4 mg
Dexamethasone	40 mg	40 mg	1 x 40 mg	52.0	52.0 x 40 mg
Pomalidomide in combination with bortezomib and dexamethasone (only subjects, who are refractory to a CD38 antibody and lenalidomide, are eligible)					
Pomalidomide	4 mg	4 mg	1 x 4 mg	243.6	243.6 x 4 mg
Bortezomib	1.3 mg/m² = 2.5 mg	2.5 mg	1 x 2.5 mg	50.8	50.8 x 2.5 mg
Dexamethasone	20 mg	20 mg	1 x 20 mg	101.6	101.6 x 20 mg
Ixazomib in combination with lenalidomide and dexamethasone (only subjects, who are refractory to bortezomib, carfilzomib and a CD38 antibody, are eligible)					
Ixazomib	4 mg	4 mg	1 x 4 mg	39.0	39 x 4 mg
Lenalidomide	25 mg	25 mg	1 x 25 mg	273.0	273 x 25 mg
Dexamethasone	40 mg	40 mg	1 x 40 mg	52.0	52 x 40 mg
Carfilzomib in combination with dexamethasone					
Carfilzomib	1st cycle Day 1, 2 20 mg/m² = 38.2 mg Thereafter 56 mg/m² = 107 mg	1st cycle Day 1, 2 38.2 mg Thereafter 107 mg	1st cycle Day 1, 2 1 x 10 mg + 1 x 30 mg Thereafter 2 x 10 mg + 1 x 30 mg + 1 x 60 mg	78.0	154 x 10 mg + 78 x 30 mg + 76 x 60 mg
Dexamethasone	20 mg	20 mg	1 x 20 mg	104.0	104 x 20 mg

b) Adults with relapsed or refractory multiple myeloma who have received at least four prior therapies and have demonstrated disease progression on the last therapy; pretreatment includes a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody

Designation of the therapy	Dosage/ application	Costs/ patient/ treatment days	Consumption by potency/ treatment day	Treatment days/ patient/ year	Average annual consumption by potency
Medicinal product to be assessed					
Linvoseltamab	Step-up dosing: Week 1 Day 1 5 mg	Step-up dosing: Week 1 Day 1 5 mg	Step-up dosing: Week 1 Day 1 1 x 5 mg	1	1 x 5 mg
	Step-up dosing: Week 2 Day 1: 25 mg	Step-up dosing: Week 2 Day 1: 25 mg	Step-up dosing: Week 2 Day 1: 5 x 5 mg	1	5 x 5 mg
	Step-up dosing: Week 3 Day 1 200 mg	Step-up dosing: Week 3 Day 1 200 mg	Step-up dosing: Week 3 Day 1 1 x 200 mg	1	1 x 200 mg
	Week 4 to week 13: 200 mg	Week 4 to week 13: 200 mg	Week 4 to week 13: 1 x 200 mg	10	10 x 200 mg
	From week 14: 200 mg	From week 14: 200 mg	From week 14: 1 x 200 mg	12.3 – 19.6	12.3 x 200 mg – 19.6 x 200 mg
Appropriate comparator therapy					
An individualised therapy with selection of					
Carfilzomib in combination with lenalidomide and dexamethasone					
Carfilzomib	1st cycle Day 1, 2 20 mg/m² = 38.2 mg Thereafter 27 mg/m² = 51.6 mg	1st cycle Day 1, 2 38.2 mg Thereafter 51.6 mg	1st cycle Day 1, 2 1 x 10 mg + 1 x 30 mg Thereafter 1 x 60 mg	76.0	2 x 10 mg + 2 x 30 mg + 74 x 60 mg
Lenalidomide	25 mg	25 mg	1 x 25 mg	273.0	273 x 25 mg
Dexamethasone	40 mg	40 mg	1 x 40 mg	52.0	52 x 40 mg

Designation of the therapy	Dosage/ application	Costs/ patient/ treatment days	Consumption by potency/ treatment day	Treatment days/ patient/ year	Average annual consumption by potency
Elotuzumab in combination with lenalidomide and dexamethasone					
Elotuzumab	10 mg/kg = 777 mg	777 mg	2 x 400 mg	30.0	60 x 400 mg
Lenalidomide	25 mg	25 mg	1 x 25 mg	273.0	273 x 25 mg
Dexamethasone	1st – 2nd cycle Day 1, 8, 15, 22: 28 mg From 3rd cycle Day 1, 15: 28 mg Day 8, 22: 40 mg	1st – 2nd cycle Day 1, 8, 15, 22: 28 mg From 3rd cycle Day 1, 15: 28 mg Day 8, 22: 40 mg	1 x 8 mg + 1 x 20 mg or 1 x 40 mg	52.0	30 x 8 mg + 30 x 20 mg + 22 x 40 mg
Elotuzumab in combination with pomalidomide and dexamethasone					
Elotuzumab	1st –2nd cycle Day 1, 8, 15, 22: 10 mg/kg = 777 mg From 3rd cycle Day 1: 20 mg/kg = 1,554 mg	1st –2nd cycle Day 1, 8, 15, 22: 777 mg From 3rd cycle Day 1: 1,554 mg	1st –2nd cycle Day 1, 8, 15, 22: 2 x 400 mg From 3rd cycle Day 1: 4 x 400 mg	19.0	60 x 400 mg
Pomalidomide	4 mg	4 mg	1 x 4 mg	273.0	273 x 4 mg
Dexamethasone	1st –2nd cycle Day 1, 8, 15, 22: 28 mg From 3rd cycle Day 1: 28 mg Day 8, 15, 22: 40 mg	1st –2nd cycle Day 1, 8, 15, 22: 28 mg From 3rd cycle Day 1 28 mg Day 8, 15, 22: 40 mg	1 x 8 mg + 1 x 20 mg or 1 x 40 mg	52.0	19 x 8 mg + 19 x 20 mg + 33 x 40 mg
Daratumumab in combination with bortezomib and dexamethasone					
Daratumumab	1,800 mg	1,800 mg	1 x 1,800 mg	21.0	21 x 1,800 mg
Bortezomib	1.3 mg/m^2 = 2.5 mg	2.5 mg	1 x 2.5 mg	32	32 x 2.5 mg

Designation of the therapy	Dosage/ application	Costs/ patient/ treatment days	Consumption by potency/ treatment day	Treatment days/ patient/ year	Average annual consumption by potency
Dexamethasone	20 mg	20 mg	1 x 20 mg	53	53 x 20 mg
Daratumumab in combination with lenalidomide and dexamethasone					
Daratumumab	1,800 mg	1,800 mg	1 x 1,800 mg	23.0	23 x 1,800 mg
Lenalidomide	25 mg	25 mg	1 x 25 mg	273.0	273 x 25 mg
Dexamethasone	40 mg	40 mg	1 x 40 mg	29.0	29 x 40 mg
Daratumumab in combination with carfilzomib and dexamethasone					
Daratumumab	1,800 mg	1,800 mg	1 x 1,800 mg	23.0	23 x 1,800 mg
Carfilzomib	1st cycle day 1, 2 20 mg/m² = 38.2 mg Thereafter 56 mg/m² = 107 mg	1st cycle day 1, 2 38.2 mg Thereafter 107 mg	1st cycle day 1, 2 1 x 10 mg + 1 x 30 mg Thereafter 2 x 10 mg + 1 x 30 mg + 1 x 60 mg	78.0	154 x 10 mg + 78 x 30 mg + 76 x 60 mg
Dexamethasone	Day 1, 2, 8, 9, 15, 16 20 mg Day 22 40 mg	Day 1, 2, 8, 9, 15, 16 20 mg Day 22 40 mg	Day 1, 2, 8, 9, 15, 16 1 x 20 mg Day 22 1 x 40 mg	68.0	57 x 20 mg + 11 x 40 mg
Daratumumab in combination with pomalidomide and dexamethasone					
Daratumumab	1,800 mg	1,800 mg	1 x 1,800 mg	23.0	23 x 1,800 mg
Pomalidomide	4 mg	4 mg	1 x 4 mg	273.0	273 x 4 mg
Dexamethasone	40 mg	40 mg	1 x 40 mg	29.0	29 x 40 mg
Isatuximab in combination with carfilzomib and dexamethasone					
Isatuximab	10 mg/kg = 777 mg	777 mg	1 x 500 mg + 3 x 100 mg	28.0	28 x 500 mg + 84 x 100 mg
Carfilzomib	1st cycle Day 1, 2 20 mg/m² = 38.2 mg Thereafter 56 mg/m² = 107 mg	1st cycle Day 1, 2 38.2 mg Thereafter 107 mg	1st cycle Day 1, 2 1 x 10 mg + 1 x 30 mg Thereafter 2 x 10 mg + 1 x 30 mg + 1 x 60 mg	78.0	154 x 10 mg + 78 x 30 mg + 76 x 60 mg
Dexamethasone PO	20 mg	20 mg	1 x 20 mg	25.0	25 x 20 mg

Designation of the therapy	Dosage/ application	Costs/ patient/ treatment days	Consumption by potency/ treatment day	Treatment days/ patient/ year	Average annual consumption by potency
Dexamethasone IV	20 mg	20 mg	5 x 4 mg	79.0	395 x 4 mg
Isatuximab in combination with pomalidomide and dexamethasone					
Isatuximab	10 mg/kg = 777 mg	777 mg	1 x 500 mg + 3 x 100 mg	28.0	28 x 500 mg + 84 x 100 mg
Pomalidomide	4 mg	4 mg	1 x 4 mg	273.0	273 x 4 mg
Dexamethasone	40 mg	40 mg	1 x 40 mg	52.0	52.0 x 40 mg
Pomalidomide in combination with bortezomib and dexamethasone (only subjects, who are refractory to a CD38 antibody and lenalidomide, are eligible)					
Pomalidomide	4 mg	4 mg	1 x 4 mg	243.6	243.6 x 4 mg
Bortezomib	1.3 mg/m² = 2.5 mg	2.5 mg	1 x 2.5 mg	50.8	50.8 x 2.5 mg
Dexamethasone	20 mg	20 mg	1 x 20 mg	101.6	101.6 x 20 mg
Ixazomib in combination with lenalidomide and dexamethasone (only subjects, who are refractory to bortezomib, carfilzomib and a CD38 antibody, are eligible)					
Ixazomib	4 mg	4 mg	1 x 4 mg	39.0	39 x 4 mg
Lenalidomide	25 mg	25 mg	1 x 25 mg	273.0	273 x 25 mg
Dexamethasone	40 mg	40 mg	1 x 40 mg	52.0	52 x 40 mg
Panobinostat in combination with bortezomib and dexamethasone					
Panobinostat	20 mg	20 mg	1 x 20 mg	48 – 96	48 x 20 mg – 96 x 20 mg
Bortezomib	1.3 mg/m² = 2.5 mg	2.5 mg	1 x 2.5 mg	32 – 48	32 x 2.5 mg – 48 x 2.5 mg
Dexamethasone	20 mg	20 mg	1 x 20 mg	64 – 96	64 x 20 mg – 96 x 20 mg
Carfilzomib in combination with dexamethasone					
Carfilzomib	1st cycle Day 1, 2 20 mg/m² = 38.2 mg Thereafter 56 mg/m² = 107 mg	1st cycle Day 1, 2 38.2 mg Thereafter 107 mg	1st cycle Day 1, 2 1 x 10 mg + 1 x 30 mg Thereafter 2 x 10 mg + 1 x 30 mg + 1 x 60 mg	78.0	154 x 10 mg + 78 x 30 mg + 76 x 60 mg
Dexamethasone	20 mg	20 mg	1 x 20 mg	104.0	104 x 20 mg
Pomalidomide in combination with dexamethasone (only at least double-refractory subjects, who are ineligible for triplet therapy, are eligible)					

Designation of the therapy	Dosage/ application	Costs/ patient/ treatment days	Consumption by potency/ treatment day	Treatment days/ patient/ year	Average annual consumption by potency
Pomalidomide	4 mg	4 mg	1 x 4 mg	273.0	273 x 4 mg
Dexamethasone	40 mg	40 mg	1 x 40 mg	52.0	52 x 40 mg
Lenalidomide in combination with dexamethasone (only at least double-refractory subjects, who are ineligible for triplet therapy, are eligible)					
Lenalidomide	25 mg	25 mg	1 x 25 mg	273.0	273 x 25 mg
Dexamethasone	40 mg	40 mg	1 x 40 mg	84.0	84 x 40 mg
Bortezomib in combination with pegylated liposomal doxorubicin (only at least double-refractory subjects, who are ineligible for triplet therapy, are eligible)					
Bortezomib	1.3 mg/m² = 2.5 mg	2.5 mg	1 x 2.5 mg	32	32 x 2.5 mg
Doxorubicin (pegylated, liposomal)	30 mg/m² = 57.3 mg	57.3 mg	1 x 20 mg + 1 x 50 mg	8	8 x 20 mg + 8 x 50 mg
Bortezomib in combination with dexamethasone (only at least double-refractory subjects, who are ineligible for triplet therapy, are eligible)					
Bortezomib	1.3 mg/m² = 2.5 mg	2.5 mg	1 x 2.5 mg	16 – 32	16 x 2.5 mg – 32 x 2.5 mg
Dexamethasone	20 mg	20 mg	1 x 20 mg	32 – 64	32 x 20 mg – 64 x 20 mg
Daratumumab monotherapy (only at least triple-refractory subjects, who are ineligible for triplet or doublet therapy, are eligible)					
Daratumumab	1,800 mg	1,800 mg	1 x 1,800 mg	23.0	23 x 1,800 mg
Cyclophosphamide as monotherapy (only at least triple-refractory subjects, who are ineligible for triplet or doublet therapy, are eligible)					
Cyclophosphamide	120 mg/m² = 240 mg/m² = 229.2 mg – 458.4 mg	229.2 mg – 458.4 mg	1 x 500 mg	365.0	365 x 500 mg
	400 mg/m² – 600 mg/m² = 764 mg – 1,146 mg	764 mg – 1,146 mg	1 x 1,000 mg – 1 x 1,000 mg + 1 x 200 mg	73.0 – 182.5	73 x 1,000 mg – 182.5 x 1,000 mg + 182.5 x 200 mg
	800 mg/m² – 1,600 mg/m² = 1,528 mg –	1,528 mg – 3,506 mg	2 x 1,000 mg – 4 x 1,000 mg	13.0 - 17.4	26 x 1,000 mg – 69.6 x 1,000 mg

Designation of the therapy	Dosage/ application	Costs/ patient/ treatment days	Consumption by potency/ treatment day	Treatment days/ patient/ year	Average annual consumption by potency
	3,506 mg				
Cyclophosphamide in combination with dexamethasone (only at least triple-refractory subjects, who are ineligible for triplet or doublet therapy, are eligible)					
No specification possible					
Melphalan as monotherapy (only at least triple-refractory subjects, who are ineligible for triplet or doublet therapy, are eligible)					
Melphalan	0.4 mg/kg = 31.1 mg	31.1 mg	1 x 50 mg	13.0	13 x 50 mg
Melphalan in combination with prednisolone or prednisone (only at least triple refractory subjects, who are ineligible for triplet or doublet therapy, are eligible)					
Melphalan	15 mg/m^2 = 28.7 mg	28.7 mg	1 x 50 mg	8.7 – 13.0	8.7 x 50 mg – 13 x 50 mg
Prednisone	2 mg/kg = 155.4 mg	155.4 mg	3 x 50 mg + 1 x 5 mg	34.8 – 52.0	104.4 x 50 mg + 34.8 x 5 mg – 156 x 50 mg + 52 x 5 mg
Prednisolone	2 mg/kg = 155.4 mg	155.4 mg	3 x 50 mg + 1 x 5 mg	34.8 – 52.0	104.4 x 50 mg + 34.8 x 5 mg – 156 x 50 mg + 52 x 5 mg

Costs:

In order to improve comparability, the costs of the medicinal products were approximated both on the basis of the pharmacy sales price level and also deducting the statutory rebates in accordance with Section 130 and Section 130a SGB V. To calculate the annual treatment costs, the required number of packs of a particular potency was first determined on the basis of consumption. Having determined the number of packs of a particular potency, the costs of the medicinal products were then calculated on the basis of the costs per pack after deduction of the statutory rebates. Any reference prices shown in the cost representation may not represent the cheapest available alternative.

Costs of the medicinal products:

Designation of the therapy	Packaging size	Costs (pharmacy sales price)	Rebate Section 130 SGB V	Rebate Section 130a SGB V	Costs after deduction of statutory rebates
Medicinal product to be assessed					
Linvoseltamab 5 mg	1 CIS	€ 258.05	€ 1.77	€ 13.66	€ 242.62
Linvoseltamab 200 mg	1 CIS	€ 9,625.47	€ 1.77	€ 546.42	€ 9,077.28
Appropriate comparator therapy					
Bortezomib 2.5 mg	1 PSI	€ 185.37	€ 1.77	€ 8.26	€ 175.34
Carfilzomib 10 mg	1 PIF	€ 197.03	€ 1.77	€ 10.28	€ 184.98
Carfilzomib 30 mg	1 PIF	€ 568.43	€ 1.77	€ 30.84	€ 535.82
Carfilzomib 60 mg	1 PIF	€ 1,125.54	€ 1.77	€ 61.69	€ 1,062.08
Cyclophosphamide 200 mg	10 PSI	€ 70.83	€ 1.77	€ 3.29	€ 65.77
Cyclophosphamide 500 mg	6 PSI	€ 85.98	€ 1.77	€ 9.45	€ 74.76
Cyclophosphamide 1,000 mg	6 PSI	€ 145.55	€ 1.77	€ 7.43	€ 136.35
Daratumumab 1,800 mg	1 SFI	€ 5,809.87	€ 1.77	€ 0.00	€ 5,808.10
Dexamethasone 4 mg[9]	10 SFI	€ 16.92	€ 1.77	€ 0.44	€ 14.71
Dexamethasone 8 mg[9]	100 TAB	€ 123.41	€ 1.77	€ 8.87	€ 112.77
Dexamethasone 20 mg[9]	10 TAB	€ 32.42	€ 1.77	€ 0.00	€ 30.65
Dexamethasone 20 mg[9]	20 TAB	€ 54.09	€ 1.77	€ 0.00	€ 52.32
Dexamethasone 20 mg[9]	50 TAB	€ 118.88	€ 1.77	€ 0.00	€ 117.11
Dexamethasone 40 mg[9]	50 TAB	€ 188.03	€ 1.77	€ 0.00	€ 186.26
Doxorubicin PEG-liposomal 20 mg	1 CIS	€ 721.49	€ 1.77	€ 89.87	€ 629.85
Doxorubicin PEG-liposomal 50 mg	1 CIS	€ 1,778.90	€ 1.77	€ 224.69	€ 1,552.44
Elotuzumab 400 mg	1 PIC	€ 1,557.91	€ 1.77	€ 85.68	€ 1,470.46

[9] Fixed reimbursement rate

Designation of the therapy	Packaging size	Costs (pharmacy sales price)	Rebate Section 130 SGB V	Rebate Section 130a SGB V	Costs after deduction of statutory rebates
Isatuximab 100 mg	1 CIS	€ 333.96	€ 1.77	€ 17.86	€ 314.33
Isatuximab 500 mg	1 CIS	€ 1,621.58	€ 1.77	€ 89.32	€ 1,530.49
Ixazomib 4 mg	3 HC	€ 6,431.30	€ 1.77	€ 364.00	€ 6,065.53
Lenalidomide 25 mg[9]	63 HC	€ 117.32	€ 1.77	€ 8.38	€ 107.17
Melphalan 50 mg	1 DSS	€ 50.49	€ 1.77	€ 2.17	€ 46.55
Panobinostat 20 mg[9]	6 HC	€ 4,656.41	€ 1.77	€ 262.64	€ 4,392.00
Pomalidomide 4 mg	21 HC	€ 2,373.67	€ 1.77	€ 302.33	€ 2,069.57
Prednisolone 5 mg[9]	100 TAB	€ 15.43	€ 1.77	€ 0.33	€ 13.33
Prednisolone 50 mg[9]	50 TAB	€ 31.44	€ 1.77	€ 1.59	€ 28.08
Prednisone 5 mg[9]	100 TAB	€ 16.74	€ 1.77	€ 0.43	€ 14.54
Prednisone 50 mg[9]	50 TAB	€ 68.06	€ 1.77	€ 4.49	€ 61.80
Abbreviations: HC = hard capsules; CIS = concentrate for the preparation of an infusion solution; SFI = solution for injection; PSI = powder for solution for injection; PIS = powder for the preparation of an infusion solution; PIC = powder for the preparation of an infusion solution concentrate; TAB = tablets; DSS = dry substance with solvent					

LAUER-TAXE® last revised: 15 January 2026

Costs for additionally required SHI services:

Only costs directly related to the use of the medicinal product are taken into account. If there are regular differences in the necessary use of medical treatment or in the prescription of other services in the use of the medicinal product to be evaluated and the appropriate comparator therapy in accordance with the product information, the costs incurred for this must be taken into account as costs for additionally required SHI services.

Medical treatment costs, medical fee services, and costs incurred for routine examinations (e.g. regular laboratory services such as blood count tests) that do not exceed the standard expenditure in the course of the treatment are not shown.

Patients receiving therapy with daratumumab, lenalidomide and pomalidomide should be tested for the presence of HBV infection before initiating the respective treatment.

Diagnostics to rule out chronic hepatitis B requires sensibly coordinated steps[10]. A step-by-step serological diagnosis initially consists of the examination of HBs antigen and anti-HBc antibodies. If both are negative, a past HBV infection can be excluded. In certain case constellations, further steps may be necessary in accordance with current guideline recommendations.

In deviation from this, additional required SHI services are required for the diagnosis of suspected chronic hepatitis B, which usually differ between the medicinal product to be evaluated and the appropriate comparator therapy and are consequently considered as

[10] S3 guideline on prevention, diagnosis and therapy of hepatitis B virus infection AWMF registry no.: 021/011“ https://register.awmf.org/assets/guidelines/021-011l_S3_Prophylaxe-Diagnostik-Therapie-der-Hepatitis-B-Virusinfektion_2021-07.pdf

additionally required SHI services in the resolution.

The calculation of the additionally required SHI services is based on packs in distribution with the LAUER-TAXE® last revised on 15 September 2025 and fee structure items (FSI) - last revised in the 3rd quarter of 2025 of the uniform value scale (UVS 2025/Q3).

Non-prescription medicinal products that are reimbursable at the expense of the statutory health insurance according to Annex I of the Pharmaceuticals Directive (so-called OTC exception list) are not subject to the current medicinal products price regulation. Instead, in accordance with Section 129 paragraph 5aSGB V, when a non-prescription medicinal product is dispensed and invoiced in accordance with Section 300, a medicinal product dispensing price in the amount of the dispensing price of the pharmaceutical company plus the surcharges in accordance with Sections 2 and 3 of the Pharmaceutical Price Ordinance in the version valid on 31 December 2003 applies to the insured.

Designation of the therapy	Packaging size	Costs (pharmacy sales price)	Rebate Section 130 SGB V	Rebate Section 130a SGB V	Costs after deduction of statutory rebates	Treatment days/ year	Costs/ patient/ year
Appropriate comparator therapy							
Daratumumab in combination with lenalidomide and dexamethasone							
Premedication							
Dexamethasone 40 mg, PO[9]	50 TAB x 40 mg	€ 188.03	€ 1.77	€ 0.00	€ 186.26	23.0	€ 85.68
Paracetamol 500 - 1,000 mg, PO[9,11]	20 TAB x 500 mg 10 TAB x 1,000 mg	€ 3.47 € 3.32	€ 0.17 € 0.17	€ 0.15 € 0.14	€ 3.15 € 3.01	23.0	€ 3.62 – € 6.92
Dimetindene 1 mg/10 kg = 7.8 mg, IV	5 SFI x 4 mg	€ 26.24	€ 1.77	€ 6.92	€ 17.55	23.0	€ 161.46
Daratumumab in combination with bortezomib and dexamethasone							
Premedication							
Dexamethasone 20 mg, PO[9]	50 TAB x 20 mg	€ 118.88	€ 1.77	€ 0.00	€ 117.11	21.0	€ 49.19
Paracetamol 500 - 1,000 mg,[9,11] PO	20 TAB x 500 mg 10 TAB x 1,000 mg	€ 3.47 € 3.32	€ 0.17 € 0.17	€ 0.15 € 0.14	€ 3.15 € 3.01	21.0	€ 3.31 – € 6.32
Dimetindene 1 mg/10 kg = 7.8 mg, IV	5 SFI x 4 mg	€ 26.24	€ 1.77	€ 6.92	€ 17.55	21.0	€ 147.42
Daratumumab in combination with pomalidomide and dexamethasone							
Premedication							

[11] The dosage of 650 mg paracetamol in premedication stated in the product information cannot be achieved by tablets. Because of this, a dosage of 500 - 1,000 mg is used.

Designation of the therapy	Packaging size	Costs (pharmacy sales price)	Rebate Section 130 SGB V	Rebate Section 130a SGB V	Costs after deduction of statutory rebates	Treatment days/ year	Costs/ patient/ year
Dexamethasone 40 mg, PO	50 TAB x 40 mg	€ 188.03	€ 1.77	€ 0.00	€ 186.26	23.0	€ 85.68
Paracetamol 500 - 1,000 mg, PO[9,11]	20 TAB x 500 mg 10 TAB x 1,000 mg	€ 3.47 € 3.32	€ 0.17 € 0.17	€ 0.15 € 0.14	€ 3.15 € 3.01	23.0	€ 3.62 – € 6.92
Dimetindene 1 mg/10 kg = 7.8 mg, IV	5 SFI x 4 mg	€ 26.24	€ 1.77	€ 6.92	€ 17.55	23.0	€ 161.46
Daratumumab in combination with carfilzomib and dexamethasone							
Dexamethasone 20 mg, PO[9]	50 TAB x 20 mg	€ 118.88	€ 1.77	€ 0.00	€ 117.11	21.0	€ 49.19
Dexamethasone 40 mg, PO[9]	50 TAB x 40 mg	€ 188.03	€ 1.77	€ 0.00	€ 186.26	2.0	€ 7.45
Paracetamol 500 - 1,000 mg, PO[9,11]	20 TAB x 500 mg 10 TAB x 1,000 mg	€ 3.47 € 3.32	€ 0.17 € 0.17	€ 0.15 € 0.14	€ 3.15 € 3.01	23.0	€ 3.62 – € 6.92
Dimetindene 1 mg/10 kg = 7.8 mg, IV	5 SFI x 4 mg	€ 26.24	€ 1.77	€ 6.92	€ 17.55	23.0	€ 161.46
Daratumumab monotherapy							
Premedication							
Methyl prednisolone 60 mg - 100 mg, IV	3 PII x 32 mg	€ 26.48	€ 1.77	€ 6.88	€ 17.83	23.0	€ 273.39 – € 546.79
Postmedication							
Methyl prednisolone 20 mg, PO[9]	100 TAB x 4 mg 100 TAB x 16 mg	€ 29.35 € 73.84	€ 1.77 € 1.77	€ 1.43 € 4.95	€ 26.15 € 67.12	46.0	€ 42.91
Elotuzumab in combination with pomalidomide and dexamethasone							
Premedication in combination with pomalidomide and dexamethasone							
Dexamethasone 8 mg, IV[9]	10 SFI x 8 mg	€ 20.38	€ 1.77	€ 0.72	€ 17.89	19.0	€ 33.99
Dimetindene 1 mg/10 kg BW, IV	5 SFI x 4 mg	€ 26.24	€ 1.77	€ 6.92	€ 17.55	19.0	€ 133.38

Designation of the therapy	Packaging size	Costs (pharmacy sales price)	Rebate Section 130 SGB V	Rebate Section 130a SGB V	Costs after deduction of statutory rebates	Treatment days/ year	Costs/ patient/ year
Famotidine 20 mg, PO[9]	100 FCT x 20 mg	€ 20.18	€ 1.77	€ 0.70	€ 17.71	19.0	€ 3.36
Paracetamol 500 – 1,000 mg, PO[9,11]	20 TAB x 500 mg 10 TAB x 1,000 mg	€ 3.47 € 3.32	€ 0.17 € 0.17	€ 0.15 € 0.14	€ 3.15 € 3.01	19.0	€ 2.99 – € 5.72
Elotuzumab in combination with lenalidomide and dexamethasone							
Premedication in combination with lenalidomide and dexamethasone							
Dexamethasone 8 mg, IV[9]	10 SFI x 8 mg	€ 20.38	€ 1.77	€ 0.72	€ 17.89	30.0	€ 53.67
Dimetindene 1 mg/10 kg = 7.8 mg, IV	5 SFI x 4 mg	€ 26.24	€ 1.77	€ 6.92	€ 17.55	30.0	€ 210.60
Famotidine 20 mg, PO[9]	100 TAB x 20 mg	€ 20.18	€ 1.77	€ 0.70	€ 17.71	30.0	€ 5.31
Paracetamol 500 – 1,000 mg, PO[9,11]	20 TAB x 500 mg 10 TAB x 1,000 mg	€ 3.47 € 3.32	€ 0.17 € 0.17	€ 0.15 € 0.14	€ 3.15 € 3.01	30.0	€ 4.73 - € 9.03
Daratumumab, **pomalidomide**, **lenalidomide**							
HBV screening							
HBV test Hepatitis B surface antigen status (FSI 32781)	-	-	-	-	€ 5.06	1.0	€ 5.06
Anti-HBc antibody (FSI 32614)	-	-	-	-	€ 5.43	1.0	€ 5.43

Designation of the therapy	Packaging size	Costs (pharmacy sales price)	Rebate Section 130 SGB V	Rebate Section 130a SGB V	Costs after deduction of statutory rebates	Treatment days/ year	Costs/ patient/ year
Abbreviations: FCT = film-coated tablets; SFI = solution for injection, PII = powder and solvent for solution for injection or infusion; TAB = tablets							

Other SHI services:

The special agreement on contractual unit costs of retail pharmacist services (Hilfstaxe) (Sections 4 and 5 of the Pharmaceutical Price Ordinance) from 1 October 2009 is not fully used to calculate costs. Alternatively, the pharmacy sales price publicly accessible in the directory services according to Section 131 paragraph 4 SGB V is a suitable basis for a standardised calculation.

According to the currently valid version of the special agreement on contractual unit costs of retail pharmacist services (Hilfstaxe), surcharges for the production of parenteral preparations containing cytostatic agents a maximum amount of € 100 per ready-to-use preparation, and for the production of parenteral solutions containing monoclonal antibodies a maximum of € 100 per ready-to-apply unit are to be payable. These additional other costs are not added to the pharmacy sales price but rather follow the rules for calculating in the Hilfstaxe. The cost representation is based on the pharmacy retail price and the maximum surcharge for the preparation and is only an approximation of the treatment costs. This presentation does not take into account, for example, the rebates on the pharmacy purchase price of the active ingredient, the invoicing of discards, the calculation of application containers, and carrier solutions in accordance with the regulations in Annex 3 of the Hilfstaxe.

2.5 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

According to Section 35a, paragraph 3, sentence 4, the G-BA designate all medicinal products with new active ingredients that can be used in a combination therapy with the assessed medicinal product for the therapeutic indication to be assessed on the basis of the marketing authorisation under Medicinal Products Act.

Basic principles of the assessed medicinal product

A designation in accordance with Section 35a, paragraph 3, sentence 4 SGB V requires that it is examined based on the product information for the assessed medicinal product whether it can be used in a combination therapy with other medicinal products in the assessed therapeutic indication. In the first step, the examination is carried out on the basis of all sections of the currently valid product information for the assessed medicinal product.

If the assessed medicinal product contains an active ingredient or a fixed combination of active ingredients in the therapeutic indication of the resolution (assessed therapeutic indication) and is approved exclusively for use in monotherapy, a combination therapy is not considered due to the marketing authorisation under Medicinal Products Act, which is why no designation is made.

A designation is also not considered if the G-BA have decided on an exemption as a reserve antibiotic for the assessed medicinal product in accordance with Section 35a, paragraph 1c, sentence 1 SGB V. The additional benefit is deemed to be proven if the G-BA have decided on an exemption for a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V; the extent of the additional benefit and its therapeutic significance are not to be assessed by the G-BA. Due to the lack of an assessment mandate by the G-BA following the resolution on an exemption according to Section 35a, paragraph 1c, sentence 1 SGB V with regard to the extent of the additional benefit and the therapeutic significance of the reserve antibiotic to be assessed, there is a limitation due to the procedural privileging of the pharmaceutical companies to the effect that neither the proof of an existing nor an expected at least considerable additional benefit is possible for exempted reserve antibiotics in the procedures according to Section 35a paragraph 1 or 6 SGB V and Section 35a paragraph 1d SGB V. The procedural privileging of the reserve antibiotics exempted according to Section 35a, paragraph 1c, sentence 1 SGB V must therefore also be taken into account at the level of designation according to Section 35a, paragraph 3, sentence 4 SGB V in order to avoid valuation contradictions.

With regard to the further examination steps, a differentiation is made between a "determined" or "undetermined" combination, which may also be the basis for a designation.

A "determined combination" exists if one or more individual active ingredients which can be used in combination with the assessed medicinal product in the assessed therapeutic indication are specifically named.

An "undetermined combination" exists if there is information on a combination therapy, but no specific active ingredients are named. An undetermined combination may be present if the information on a combination therapy:

- names a product class or group from which some active ingredients not specified in detail can be used in combination therapy with the assessed medicinal product, or
- does not name any active ingredients, product classes or groups, but the assessed medicinal product is used in addition to a therapeutic indication described in more detail in the relevant product information, which, however, does not include data from the product information on active ingredients within the scope of this therapeutic indication.

Concomitant active ingredient

The concomitant active ingredient is a medicinal product with new active ingredients that can be used in combination therapy with the assessed medicinal product for the therapeutic indication to be assessed.

For a medicinal product to be considered as a concomitant active ingredient, it must be classified as a medicinal product with new active ingredients according to Section 2 paragraph 1 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV) in conjunction with the corresponding regulations in Chapter 5 of the Rules of Procedure of the G-BA as of the date of the present resolution. In addition, the medicinal product must be approved in the assessed therapeutic indication, whereby a marketing authorisation is sufficient only for a sub-area of the assessed therapeutic indication.

Based on an "undetermined combination", the concomitant active ingredient must be attributable to the information on the product class or group or the therapeutic indication according to the product information of the assessed medicinal product in the assessed therapeutic indication, whereby the definition of a product class or group is based on the

corresponding requirements in the product information of the assessed medicinal product.

In addition, there must be no reasons for exclusion of the concomitant active ingredient from a combination therapy with the assessed medicinal product, in particular no exclusive marketing authorisation as monotherapy.

In addition, all sections of the currently valid product information of the eligible concomitant active ingredient are checked to see whether there is any information that excludes its use in combination therapy with the assessed medicinal product in the assessed therapeutic indication under marketing authorisation regulations. Corresponding information can be, for example, dosage information or warnings. In the event that the medicinal product is used as part of a determined or undetermined combination which does not include the assessed medicinal product, a combination with the assessed medicinal product shall be excluded.

Furthermore, the product information of the assessed medicinal product must not contain any specific information that excludes its use in combination therapy with the eligible concomitant active ingredient in the assessed therapeutic indication under marketing authorisation regulations.

Medicinal products with new active ingredients for which the G-BA have decided on an exemption as a reserve antibiotic in accordance with Section 35a, paragraph 1c, sentence 1 SGB V are ineligible as concomitant active ingredients. The procedural privileging of the reserve antibiotics exempted according to Section 35a, paragraph 1c, sentence 1 SGB V also applies accordingly to the medicinal product eligible as a concomitant active ingredient.

Designation

The medicinal products which have been determined as concomitant active ingredients in accordance with the above points of examination are named by indicating the relevant active ingredient and the invented name. The designation may include several active ingredients, provided that several medicinal products with new active ingredients may be used in the same combination therapy with the assessed medicinal product or different combinations with different medicinal products with new active ingredients form the basis of the designation.

If the present resolution on the assessed medicinal product in the assessed therapeutic indication contains several patient groups, the designation of concomitant active ingredients shall be made separately for each of the patient groups.

Exception to the designation

The designation excludes combination therapies for which - patient group-related - a considerable or major additional benefit has been determined by resolution according to Section 35a, paragraph 3, sentence 1 SGB V or it has been determined according to Section 35a, paragraph 1d, sentence 1 SGB V that at least considerable additional benefit of the combination can be expected. In this context, the combination therapy that is excluded from the designation must, as a rule, be identical to the combination therapy on which the preceding findings were based.

In the case of designations based on undetermined combinations, only those concomitant active ingredients - based on a resolution according to Section 35a, paragraph 3, sentence 1 SGB V on the assessed medicinal product in which a considerable or major additional benefit had been determined - which were approved at the time of this resolution are excluded from the designation.

Legal effects of the designation

The designation of combinations is carried out in accordance with the legal requirements according to Section 35a, paragraph 3, sentence 4 and is used exclusively to implement the combination discount according to Section 130e SGB V between statutory health insurance funds and pharmaceutical companies. The designation is not associated with a statement as to the extent to which a therapy with the assessed medicinal products in combination with the designated medicinal products corresponds to the generally recognised state of medical knowledge. The examination was carried out exclusively on the basis of the possibility under Medicinal Products Act to use the medicinal products in combination therapy in the assessed therapeutic indication based on the product information; the generally recognised state of medical knowledge or the use of the medicinal products in the reality of care were not the subject of the examination due to the lack of an assessment mandate of the G-BA within the framework of Section 35a, paragraph 3, sentence 4 SGB V.

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.

Justification for the findings on designation in the present resolution:

a) Adults with relapsed or refractory multiple myeloma who have received three prior therapies and have demonstrated disease progression on the last therapy; pretreatment includes a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody

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 in monotherapy.

b) Adults with relapsed or refractory multiple myeloma who have received at least four prior therapies and have demonstrated disease progression on the last therapy; pretreatment includes a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody

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 in monotherapy.

2.6 Percentage of study participants at study sites within the scope of SGB V in accordance with Section 35a, paragraph 3, sentence 5 SGB V

The medicinal product Lynozyfic is a medicinal product placed on the market from 1 January 2025. In accordance with Section 35a, paragraph 3, sentence 5 SGB V, the G-BA must determine whether a relevant percentage of the clinical studies on the medicinal product were conducted within the scope of SGB V. This is the case if the percentage of study participants who have participated in the clinical studies on the medicinal product to be

assessed in the therapeutic indication to be assessed at study sites within the scope of SGB V is at least five per cent of the total number of study participants.

The calculation is based on all studies that were submitted as part of the benefit assessment dossier in the therapeutic indication to be assessed in accordance with Section 35a, paragraph 1, sentence 3 SGB V in conjunction with Section 4, paragraph 6 AM-NutzenV.

Approval studies include all studies submitted to the regulatory authority in section 2.7.3 (Summary of Clinical Efficacy) and 2.7.4 (Summary of Clinical Safety) of the authorisation dossier in the therapeutic indication for which marketing authorisation has been applied for. In addition, studies, which were conducted in whole or in part within the therapeutic indication described in this document, and in which the company was a sponsor or is otherwise financially involved, must also be indicated.

The percentage of study participants in the clinical studies of the medicinal product conducted or commissioned by the pharmaceutical company in the therapeutic indication to be assessed who participated at study sites within the scope of SGB V (German Social Security Code) is < 5 per cent (1.4%) of the total number of study participants according to the information provided by the pharmaceutical company.

In the dossier, the pharmaceutical company first stated that the percentage of study participants at German study sites is 1.1%. As part of the written statement procedure, they submitted a revised figure of 1.4%. The adjusted percentage remains at < 5%.

The clinical studies of the medicinal product in the therapeutic indication to be assessed were therefore not conducted to a relevant percentage within the scope of SGB V.

3. Bureaucratic costs calculation

The proposed resolution does not create any new or amended information obligations for care providers within the meaning of Annex II to Chapter 1 VerfO and, accordingly, no bureaucratic costs.

4. Process sequence

At their session on 26 March 2024, the Subcommittee on Medicinal Products determined the appropriate comparator therapy.

A review of the appropriate comparator therapy took place once the positive opinion was granted. The Subcommittee on Medicinal Products newly determined the appropriate comparator therapy at its session on 27 May 2025.

On 29 September 2025, the pharmaceutical company submitted a dossier for the benefit assessment of linvoseltamab to the G-BA in due time in accordance with Chapter 5 Section 8, paragraph 1, number 1, sentence 2 VerfO.

By letter dated 1 October 2025 in conjunction with the G-BA resolution of 1 August 2011 concerning the commissioning of the IQWiG to assess the benefit of medicinal products with new active ingredients in accordance with Section 35a SGB V, the G-BA commissioned the IQWiG to assess the dossier concerning the active ingredient linvoseltamab.

The dossier assessment by the IQWiG was submitted to the G-BA on 17 December 2025, and the written statement procedure was initiated with publication on the G-BA website on 2 January 2026. The deadline for submitting written statements was 23 January 2026.

The oral hearing took place on 9 February 2026.

In order to prepare a recommendation for a resolution, the Subcommittee on Medicinal Products commissioned a working group (Section 35a) consisting of the members nominated by the leading organisations of the care providers, the members nominated by the SHI umbrella organisation, and representatives of the patient organisations. Representatives of the IQWiG also participate in the sessions.

The evaluation of the written statements received and the oral hearing was discussed at the Subcommittee's session on 10 March 2026, and the draft resolution was approved.

At their session on 19 March 2026, the plenum adopted a resolution to amend the Pharmaceuticals Directive.

Chronological course of consultation

Session	Date	Subject of consultation
Subcommittee on Medicinal products	26 March 2024	Determination of the appropriate comparator therapy
Subcommittee on Medicinal products	27 May 2025	New determination of the appropriate comparator therapy
Working group Section 35a	4 February 2026	Information on written statements received; preparation of the oral hearing
Subcommittee on Medicinal products	9 February 2026	Conduct of the oral hearing
Working group Section 35a	18 February 2026 5 March 2026	Consultation on the dossier assessment by the IQWiG and evaluation of the written statement procedure
Subcommittee on Medicinal products	10 March 2026	Concluding discussion of the draft resolution
Plenum	19 March 2026	Adoption of the resolution on the amendment of the Pharmaceuticals Directive

Berlin, 19 March 2026

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

Prof. Hecken