Gemeinsamer Bundesausschuss

Justification

for 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

Toripalimab (recurrent or metastatic nasopharyngeal carcinoma (NPC), first-line, combination with cisplatin and gemcitabine)

From 2 July 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 decide 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 toripalimab on 15 January 2026 in accordance with Chapter 5, Section 8, paragraph 1, number 1, sentence 2 of the Rules of Procedure of the G-BA (VerfO). Pursuant to Section 4, paragraph 3, number 1 of the Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV) in conjunction with Chapter 5, Section 8, paragraph 1, number 1 Rules of Procedure (VerfO), the pharmaceutical company submitted the final dossier to the G-BA on 14 January 2026.

The G-BA commissioned the IQWiG to carry out the assessment of the dossier. The benefit assessment was published on 15 April 2026 on the G-BA website (www.g-ba.de), therefore 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 toripalimab compared to 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 toripalimab.

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 toripalimab (Loqtorzi) in accordance with the product information

Loqtorzi, in combination with cisplatin and gemcitabine, is indicated for the first-line treatment of adult patients with recurrent, not amenable to surgery or radiotherapy, or metastatic nasopharyngeal carcinoma.

Therapeutic indication of the resolution (resolution of 02.07.2026):

See the approved therapeutic indication

2.1.2 Appropriate comparator therapy

The appropriate comparator therapy was determined as follows:

Adults with recurrent, not amenable to surgery or radiotherapy, or metastatic nasopharyngeal carcinoma; first-line treatment

Appropriate comparator therapy for toripalimab in combination with cisplatin and gemcitabine:

- Tislelizumab in combination with cisplatin and gemcitabine

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

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

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 for 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 for 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.

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

On 1. In addition to toripalimab, the medicinal products with the active ingredients cetuximab, nivolumab, pembrolizumab, tislelizumab, methotrexate, cisplatin, carboplatin, bleomycin, 5-fluorouracil and mitomycin are approved for the present therapeutic indication.

Most of the active ingredients mentioned have a marketing authorisation for the overarching therapeutic indication "head and neck (squamous cell) carcinoma".

On 2. Non-medicinal treatments that can be provided within the SHI framework are not considered as the comparator therapy.

However, based on the available evidence, the administration of consolidating locoregional radiotherapy is recommended, particularly depending on the response to systemic therapy. In G-BA's opinion, radiotherapy should be made available to eligible patients as part of a clinical study.

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

- Nivolumab (progression on or after platinum-based therapy): resolution of 17 November 2017
- Pembrolizumab (progression on or after platinum-based therapy): resolution of 4 April 2019
- Pembrolizumab (monotherapy): resolution of 14 May 2020
- Pembrolizumab (combination therapy): resolution of 14 May 2020
- Tislelizumab: resolution of 19 March 2026

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 indication according to Section 35a, paragraph 7 SGB V (see "Information on Appropriate Comparator Therapy"). In this regard, a written statement from the German Society for Haematology and Medical Oncology (DGHO) 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 care.

In light of the present systematic search, the evidence regarding treatment options in this therapeutic indication is limited. Methodologically sound guidelines could not be identified. The additionally considered National Comprehensive Cancer Network (NCCN) guideline lists the combination therapy comprising cisplatin in combination with gemcitabine and toripalimab as the preferred treatment options. However, toripalimab in combination with cisplatin and gemcitabine is the medicinal product to be assessed here. According to Section 6, paragraph 2, sentence 2 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.

Among the other therapies recommended by the NCCN guideline, cisplatin in combination with gemcitabine with or without a PD-L1 inhibitor (nivolumab or pembrolizumab) has the next higher level of recommendation. However, the combination of cisplatin and gemcitabine is not approved for the present therapeutic indication. Nivolumab is only approved in the case of disease progression on or after platinum-based therapy. Pembrolizumab, as monotherapy and in combination with platinum and 5-fluorouracil, is approved for the first-line treatment of metastatic or unresectable recurrent head and neck squamous cell carcinoma in adults with PD-L1-

expressing tumours (Combined Positive Score [CPS] ≥ 1), but not in the combination with cisplatin and gemcitabine recommended by the NCCN guideline.

Tislelizumab is an immune checkpoint inhibitor available in combination with gemcitabine and cisplatin, which was approved for the present therapeutic indication on 9 July 2025. The NCCN guideline also recommends tislelizumab in combination with gemcitabine and cisplatin as a treatment option for first-line treatment. By resolution of 19 March 2026, it was found in the benefit assessment that an additional benefit of tislelizumab in combination with gemcitabine and cisplatin over gemcitabine in combination with cisplatin is not proven for adults with recurrent, not amenable to curative surgery or radiotherapy, or metastatic nasopharyngeal carcinoma.

In the written statement procedure of the benefit assessment procedure, clinical experts stated that the immune checkpoint inhibitors toripalimab and tislelizumab, each in combination with gemcitabine and cisplatin, represent the current therapy standard in this therapeutic indication. In everyday clinical practice, both immune checkpoint inhibitors assume the same therapeutic significance.

Consequently, tislelizumab in combination with gemcitabine and cisplatin is determined as the appropriate comparator therapy for the present resolution.

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.

Change in the appropriate comparator therapy

Cisplatin in combination with gemcitabine was originally determined as the appropriate comparator therapy.

Gemcitabine is not approved for the present therapeutic indication. Accordingly, the use of cisplatin in combination with gemcitabine constitutes off-label use. Nevertheless, it was found that the off-label use of cisplatin in combination with gemcitabine according to the generally recognised state of medical knowledge was generally to be preferred to the medicinal products previously approved for the therapeutic indication. Consequently, cisplatin in combination with gemcitabine was, by way of exception, determined as the appropriate comparator therapy for the off-label use in accordance with Section 6, paragraph 2, sentence 3, number 2 Ordinance on the Benefit Assessment of Pharmaceuticals (AM-NutzenV).

Tislelizumab in combination with cisplatin and gemcitabine was approved for the present therapeutic indication on 9 July 2025. Furthermore, the benefit assessment procedure has now been carried out for the active ingredient tislelizumab (in combination with gemcitabine and cisplatin) that has newly been approved for the present therapeutic indication; the resolution on the benefit assessment according to Section 35a SGB V was adopted on 19 March 2026. With the benefit assessment procedure for the newly approved active ingredient tislelizumab now complete, a sound basis for decision-making is available, enabling a structured, evidence-based assessment of the newly approved active ingredient, also in comparison with the active ingredients that have previously constituted the therapy standard in this therapeutic indication. Against this background, it was necessary to examine whether the conditions under which cisplatin in combination with gemcitabine had, by way of exception, been determined as the appropriate comparator therapy for off-label use were still

met in order to determine the appropriate comparator therapy for the present resolution. Consequently, the conditions are no longer met, as the performed benefit assessment now provides a sound basis for decision-making, enabling the active ingredient tislelizumab to be determined as the appropriate comparator therapy, and the conditions for the exceptional off-label use of cisplatin and gemcitabine are no longer met. It was therefore necessary to change the appropriate comparator therapy at the present time.

The clinicians involved in the written statement procedure have also confirmed that the combination of cisplatin and gemcitabine no longer represents the current therapy standard in the therapeutic indication. Treatment with the immune checkpoint inhibitors tislelizumab or toripalimab, each in combination with cisplatin and gemcitabine, is now the therapy standard in the therapeutic indication. In everyday clinical practice, both immune checkpoint inhibitors assume the same therapeutic significance.

The present resolution is to be limited in duration. This enables the pharmaceutical company to submit suitable evaluations in a new dossier for comparison with the appropriate comparator therapy determined in the present resolution.

2.1.3 Extent and probability of the additional benefit

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

Adults with recurrent, not amenable to surgery or radiotherapy, or metastatic nasopharyngeal carcinoma; first-line treatment

An additional benefit is not proven.

Justification:

For the benefit assessment, the pharmaceutical company presented the results from the completed, double-blind, multicentre, randomised controlled trial JUPITER-02 comparing toripalimab in combination with cisplatin and gemcitabine with cisplatin in combination with gemcitabine.

Adults with recurrent, not amenable to curative surgery or radiotherapy, or metastatic nasopharyngeal carcinoma (NPC), who had not received prior systemic therapy for recurrent or metastatic NPC, were enrolled in the study. A total of 289 patients were enrolled in the study and randomised in a 1:1 ratio to receive treatment with toripalimab + cisplatin + gemcitabine (N = 146) or cisplatin + gemcitabine (N = 143), stratified by Eastern Cooperative Oncology Group-Performance Status (ECOG-PS; 0 or 1) and stage of the disease (recurrent or metastatic).

The study was conducted at 35 study sites in Asia between October 2018 and November 2022.

Assessment

In the comparator arm of the study, patients were treated with the combination of cisplatin and gemcitabine. Tislelizumab in combination with cisplatin and gemcitabine is determined as the appropriate comparator therapy for the present resolution. As a consequence, the appropriate comparator therapy was not implemented in the JUPITER-02 study presented. Consequently, no suitable data were available from this study for the assessment of the additional benefit of toripalimab in combination with cisplatin and gemcitabine.

Conclusion

The presented data from the JUPITER-02 study are unsuitable for the assessment of the additional benefit, as the comparator therapy does not correspond to the appropriate comparator therapy determined for the present resolution. Overall, no suitable data are therefore available for an assessment of the additional benefit. An additional benefit of toripalimab in combination with cisplatin and gemcitabine for the first-line treatment of adults with recurrent, not amenable to surgery or radiotherapy, or metastatic nasopharyngeal carcinoma is therefore not proven.

2.1.4 Limitation of the period of validity of the resolution

The limitation of the period of validity of the resolution on the benefit assessment of toripalimab finds its legal basis in Section 35a, paragraph 3, sentence 5 SGB V. Thereafter, the G-BA may limit the validity of the resolution on the benefit assessment of a medicinal product. In the present case, the limitation is justified by objective reasons consistent with the purpose of the benefit assessment pursuant to Section 35a, paragraph 1 SGB V.

Due to the present change in the appropriate comparator therapy, the G-BA consider it appropriate to limit the resolution on the additional benefit of toripalimab. The limitation enables the pharmaceutical company to submit suitable evaluations, which correspond to the appropriate comparator therapy determined by the present resolution, in a new dossier in a timely manner. For this purpose, a limitation of the period of validity of the resolution to 6 months is considered to be appropriate.

In accordance with Section 3, paragraph 1, number 5 AM-NutzenV in conjunction with Chapter 5, Section 1, paragraph 2, number 7 VerfO, the benefit assessment procedure of the medicinal product with the active ingredient toripalimab recommences when the deadline has expired. For this purpose, the pharmaceutical company must submit a dossier to the G-BA at the latest on the date of expiry of the deadline to prove the extent of the additional benefit of toripalimab (Section 4, paragraph 3, number 5 AM-NutzenV in conjunction with Chapter 5, Section 8, paragraph 1, number 5 VerfO). If the dossier is not submitted or is incomplete, the G-BA may determine that an additional benefit is considered unproven. This does not affect the possibility that a benefit assessment of the medicinal product with the active ingredient toripalimab may be carried out at an earlier date for other reasons (see Chapter 5, Section 1, paragraph 2, numbers 2 to 6 or 8 VerfO).

In accordance with Section 3, paragraph 1, number 5 AM-NutzenV in conjunction with Chapter 5, Section 1, paragraph 2, number 7 VerfO, a renewed assessment will not take place if the pharmaceutical company does not wish to make use of the option to submit suitable evaluations corresponding to the appropriate comparator therapy specified in this resolution and irrevocably applies in writing to the G-BA for the time limit of the resolution to be withdrawn within 3 months of this resolution coming into force. In the event of a timely application for withdrawal of the time limit, the G-BA shall cancel the limitation on the period

of validity of this resolution with the consequence that the findings of this resolution shall then continue to apply beyond the end of the time limit.

2.1.5 Summary of the assessment

The present assessment concerns the benefit assessment of the new medicinal product Loqtorzi with the active ingredient toripalimab.

The therapeutic indication assessed here is as follows: "Loqtorzi, in combination with cisplatin and gemcitabine, is indicated for the first-line treatment of adult patients with recurrent, not amenable to surgery or radiotherapy, or metastatic nasopharyngeal carcinoma."

The G-BA determined tislelizumab in combination with cisplatin and gemcitabine as the appropriate comparator therapy.

For the benefit assessment, the pharmaceutical company presented the results from the completed, randomised, controlled JUPITER-02 study comparing toripalimab in combination with cisplatin and gemcitabine with cisplatin in combination with gemcitabine. The comparator therapy in this study – cisplatin in combination with gemcitabine – corresponds to the appropriate comparator therapy originally determined for the present benefit assessment procedure. The use of cisplatin in combination with gemcitabine constitutes off-label use, which had been determined, by way of exception, as the appropriate comparator therapy, since the off-label use of cisplatin in combination with gemcitabine according to the generally recognised state of medical knowledge was generally to be preferred to the medicinal products previously approved for this therapeutic indication.

Tislelizumab (in combination with cisplatin and gemcitabine) is now a newly approved active ingredient, with a resolution on the benefit assessment thereof according to Section 35a SGB V having been adopted on 19 March 2026. Thus, a sound basis for decision-making is now available, enabling a structured, evidence-based assessment of the newly approved active ingredient tislelizumab, also in comparison with the combination of active ingredients that has previously constituted the therapy standard in this therapeutic indication. On the basis of this decision-making framework, the G-BA consider it appropriate to change the appropriate comparator therapy in the present procedure and to determine tislelizumab in combination with cisplatin and gemcitabine as the sole appropriate comparator therapy. The conditions for the exceptional off-label use of cisplatin in combination with gemcitabine are no longer met. Consequently, the appropriate comparator therapy was not implemented in the JUPITER-02 study presented. No suitable data were therefore available for the assessment of the additional benefit of toripalimab in combination with cisplatin and gemcitabine. An additional benefit of toripalimab in combination with cisplatin and gemcitabine compared to the appropriate comparator therapy is therefore not proven.

The resolution is valid until 15 January 2027, thereby enabling the pharmaceutical company to submit suitable data in comparison to the appropriate comparator therapy determined for the present resolution.

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 patient numbers presented by the pharmaceutical company in the dossier are subject to uncertainty. There are methodological weaknesses in the derivation of the patient numbers,

which were not present in the previous procedure for tislelizumab[2]. In their statement, the pharmaceutical company adjusted their approach to the dossier in the following key points: The pharmaceutical company now sets 10% as the lower limit for the percentage of newly diagnosed metastatic malignant neoplasms of the nasopharynx (step 2a) and 20% to 45% as the range for the percentage of recurrent malignant neoplasms of the nasopharynx (step 2b). Despite the adjustments made, from a methodological point of view, the patient numbers provided by the pharmaceutical company do not represent a better estimate than those derived in the tislelizumab procedure. Whilst there are also uncertainties regarding the patient numbers from the tislelizumab procedure, the present derivation of the patient numbers for toripalimab raises further points of criticism which do not apply to the patient numbers in the tislelizumab procedure: On the one hand, the pharmaceutical company take into account the overall incidence of malignant neoplasms of the nasopharynx and do not limit their analysis to nasopharyngeal carcinoma. On the other, the pharmaceutical company do not restrict the patient group with local recurrence to those patients who cannot be treated curatively. The resolution is therefore based on the patient numbers from the tislelizumab procedure by resolution of 19 March 2026.

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 Loqtorzi (active ingredient: toripalimab) at the following publicly accessible link (last access: 17 April 2026):

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

Therapy with toripalimab should only be initiated and monitored by specialists in internal medicine, haematology and oncology experienced in the treatment of patients with nasopharyngeal carcinoma as well as ear, nose and throat (otorhinolaryngology) specialists and other doctors from other specialist groups participating in the Oncology Agreement.

In accordance with the EMA requirements regarding additional risk minimisation measures, the pharmaceutical company must provide a patient identification card which contains, in particular, information on potential immune-mediated side effects.

2.4 Treatment costs

The treatment costs are based on the contents of the product information and the information listed in the LAUER-TAXE® (last revised: 1 May 2026). The calculation of treatment costs is generally based on the last revised LAUER-TAXE® version following the publication of the benefit assessment.

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

[2] Gemeinsamer Bundesausschuss (Federal Joint Committee). 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; tislelizumab (new therapeutic indication: recurrent or metastatic nasopharyngeal carcinoma (NPC), first-line, in combination with gemcitabine and cisplatin) [online]. 2026 [accessed: 03.06.2026]. URL: https://www.g-ba.de/bewertungsverfahren/nutzenbewertung/.

calculate the "number of treatments/ patient/ year", time intervals between individual treatments and the maximum treatment duration, if specified in the product information.

Gemcitabine has not been granted marketing authorisation for the present therapeutic indication. Accordingly, the use of cisplatin in combination with gemcitabine constitutes off-label use. For the purpose of cost calculation as part of the off-label use of the combination therapy comprising cisplatin and gemcitabine, the G-BA took the treatment regimen and dosages in accordance with the studies by Hong et al. (2021)[3] and Zhang et al. (2016)[4] - referenced in the NCCN - as the basis.

A period of one year is assumed for calculating the costs of the off-label use of cisplatin in combination with gemcitabine.

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

Treatment period:

Adults with recurrent, not amenable to surgery or radiotherapy, or metastatic nasopharyngeal carcinoma; first-line treatment

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Medicinal product to be assessed				
Toripalimab in combination with cisplatin and gemcitabine				
Toripalimab	1 x every 21 days	17.4	1	17.4
Cisplatin	1 x every 21 days	17.4	1	17.4
Gemcitabine	1 x on day 1 and 8 of a 21-day cycle	17.4	2	34.8
Appropriate comparator therapy				
Tislelizumab in combination with cisplatin and gemcitabine				
Tislelizumab	1 x every 21 days or 1 x every 42 days	8.7 - 17.4	1	8.7 - 17.4
Cisplatin	1 x every 21 days	17.4	1	17.4

[3] Hong S et al. Gemcitabine Plus Cisplatin Versus Fluorouracil Plus Cisplatin as First-Line Therapy for Recurrent or Metastatic Nasopharyngeal Carcinoma: Final Overall Survival Analysis of GEM20110714 Phase III Study. J Clin Oncol. 2021 Oct 10;39(29):3273-3282

[4] Zhang L, Huang Y, Hong S, et al. Gemcitabine plus cisplatin versus fluorouracil plus cisplatin in recurrent or metastatic nasopharyngeal carcinoma: a multicentre, randomised, open-label, phase 3 trial. Lancet 2016; 388:1883.

Designation of the therapy	Treatment mode	Number of treatments/ patient/ year	Treatment duration/ treatment (days)	Treatment days/ patient/ year
Gemcitabine	1 x on day 1 and 8 of a 21-day cycle	17.4	2	34.8

Consumption:

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.

For dosages depending on body weight (BW) or body surface area (BSA) of the adult patients, 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)[5].

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

Adults with recurrent, not amenable to surgery or radiotherapy, or metastatic nasopharyngeal carcinoma; first-line treatment

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					
Toripalimab in combination with cisplatin and gemcitabine					
Toripalimab	240 mg	240 mg	1 x 240 mg	17.4	17.4 x 240 mg
Cisplatin	80 mg/m^2 = 152.8 mg	152.8 mg	1 x 100 mg + 1 x 50 mg + 1 x 10 mg	17.4	17.4 x 100 mg + 17.4 x 50 mg + 17.4 x 10 mg
Gemcitabine	1,000 mg/m^2 = 1,910 mg	1,910 mg	2 x 1,000 mg	34.8	69.6 x 1,000 mg
Appropriate comparator therapy					
Tislelizumab in combination with cisplatin and gemcitabine					
Tislelizumab	200 mg or 400 mg	200 mg or 400 mg	2 x 100 mg or 4 x 100 mg	17.4 or 8.7	34.8 x 100 mg
Cisplatin	80 mg/m^2 = 152.8 mg	152.8 mg	1 x 100 mg + 1 x 50 mg + 1 x 10 mg	17.4	17.4 x 100 mg + 17.4 x 50 mg + 17.4 x 10 mg
Gemcitabine	1,000 mg/m^2 = 1,910 mg	1,910 mg	2 x 1,000 mg	34.8	69.6 x 1,000 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:

Adults with recurrent, not amenable to surgery or radiotherapy, or metastatic nasopharyngeal carcinoma; first-line treatment

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						
Toripalimab 240 mg	1	CIS	€ 6,021.91	€ 1.77	€ 340.62	€ 5,679.52
Cisplatin 10 mg	1	CIS	€ 19.67	€ 1.77	€ 1.06	€ 16.84
Cisplatin 50 mg	1	CIS	€ 47.71	€ 1.77	€ 1.73	€ 44.21
Cisplatin 100 mg	1	CIS	€ 76.59	€ 1.77	€ 3.10	€ 71.72
Gemcitabine 1,000 mg	1	PIF	€ 102.35	€ 1.77	€ 10.62	€ 89.96
Appropriate comparator therapy						
Tislelizumab 100 mg	1	CIS	€ 1,826.19	€ 1.77	€ 101.00	€ 1,723.42
Cisplatin 10 mg	1	CIS	€ 19.67	€ 1.77	€ 1.06	€ 16.84
Cisplatin 50 mg	1	CIS	€ 47.71	€ 1.77	€ 1.73	€ 44.21
Cisplatin 100 mg	1	CIS	€ 76.59	€ 1.77	€ 3.10	€ 71.72
Gemcitabine 1,000 mg	1	PIF	€ 102.35	€ 1.77	€ 10.62	€ 89.96
Abbreviations: CIS = concentrate for the preparation of an infusion solution; SFI = solution for injection; PIF = powder for the preparation of an infusion solution						

LAUER-TAXE® last revised: 1 May 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.

Because there are no 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, no costs for additionally required SHI services had to be taken into account.

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 01.10.2009 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:

Adults with recurrent, not amenable to surgery or radiotherapy, or metastatic nasopharyngeal carcinoma; first-line treatment

No medicinal product with new active ingredients for use in combination therapy in compliance with the requirements of Section 35a, paragraph 3, sentence 4 SGB V.
References:
Product information for toripalimab (Loqtorzi); LOQTORZI 240 mg infusion solution concentrate; last revised: September 2025

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 Loqtorzi 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% (0%) of the total number of study participants according to the information provided by the pharmaceutical company.

The information is reasonable in relation to the analysis population used by the pharmaceutical company. In comparison with the Common Technical Document (CTD), further studies, which were submitted to the regulatory authority for the assessment of the clinical efficacy and safety of the medicinal product in the therapeutic indication to be assessed, were identified. However, their inclusion does not alter the percentage mentioned above, as it is clear from the study registry entries that these studies were conducted exclusively in other countries.

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 12 August 2025, the Subcommittee on Medicinal Products determined the appropriate comparator therapy.

On 14 January 2026, the pharmaceutical company submitted a dossier for the benefit assessment of toripalimab to the G-BA in due time in accordance with Chapter 5, Section 8, paragraph 1, number 1, sentence 2 VerfO.

By letter dated 14 January 2026 in conjunction with the resolution of the G-BA 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 toripalimab.

The dossier assessment by the IQWiG was submitted to the G-BA on 9 April 2026, and the written statement procedure was initiated with publication on the G-BA website on 15 April 2026. The deadline for submitting written statements was 6 May 2026.

The oral hearing was held on 26 May 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 23 June 2026, and the draft resolution was conclusively discussed.

At their session on 2 July 2026, the plenum adopted a resolution to amend the Pharmaceuticals Directive.

Chronological course of consultation

Session	Date	Subject of consultation
Subcommittee on Medicinal Products	12 August 2025	Determination of the appropriate comparator therapy
Working group Section 35a	20 May 2026	Information on written statements received; preparation of the oral hearing
Subcommittee on Medicinal Products	26 May 2026	Conduct of the oral hearing
Working group Section 35a	3 June 2026 17 June 2026	Consultation on the dossier assessment by the IQWiG and evaluation of the written statement procedure
Subcommittee on Medicinal Products	23 June 2026	Concluding discussion of the draft resolution
Plenum	2 July 2026	Adoption of the resolution on the amendment of the Pharmaceuticals Directive

Berlin, 2 July 2026

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

Dr Optendrenk