Drug assessment at a glance: A26-26[1] **Inebilizumab (immunoglobulin G4-related disease)**

24 August 2026

[1] This is a courtesy translation of the summary provided as a service by IQWiG. For further information on the subject matter and the result of the assessment, please refer to the dossier assessment for Project A26-26. The G-BA decides on the added benefit.

Research question for the benefit assessment

Population	Adults with active IgG4-RD for whom long-term immunosuppressive treatment is an option
Intervention	inebilizumab
Comparator	Individualized treatment from a choice of ▪ glucocorticoids (as maintenance therapy) ▪ rituximab (only for patients for whom glucocorticoid monotherapy is no longer an option)
Outcomes	At least one patient-relevant outcome

Overview of positive and negative effects

	Size of the effects		Informative value of the effects	
Mortality	∅		–	
Morbidity	∅		–	
Symptoms	∅		–	
Health-related quality of life	∅		–	
Side effects	∅		–	
	∅	No (suitable) data	–	Not applicable
	↔	No advantage or disadvantage	★	Low
	↑ / ↓	Small advantage/disadvantage	★★	Moderate
	↑↑ / ↓↓	Moderate advantage/disadvantage	★★★	High
	↑↑↑ / ↓↓↓	Large advantage/disadvantage		

Overall: No advantage or disadvantage (no suitable data)

Evidence base and noteworthy aspects

- No suitable data were available.
- The MITIGATE randomized controlled trial, comparing inebilizumab with placebo, was presented in the dossier. The study was not suitable for assessing the added benefit of inebilizumab versus individualized treatment from a choice of corticosteroids and rituximab, as no maintenance therapy was administered in the comparator arm.

References

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English translations for this project are published at https://www.iqwig.de/en/projects/a26-26.html and https://www.iqwig.de/en/projects/a26-97.html.

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