Drug assessment at a glance: A26-36[1]

Depemokimab (asthma)

25 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 A26-36. The G-BA decides on the added benefit.

Research question 1 of the benefit assessment

Population	Adolescents 12 to 17 years of age with severe asthma with type 2 inflammation who are inadequately controlled despite high-dose ICS and another controller
Intervention	depemokimab as an add-on maintenance treatment
Comparator	Individualized treatment from a choice of ▪ high-dose ICS and LABA and LAMA ▪ high-dose ICS and LABA and possibly LAMA and omalizumab or dupilumab ▪ high-dose ICS and LABA and possibly LAMA and mepolizumab
Outcomes	At least one patient-relevant outcome

Overview of positive and negative effects – research question 1

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

Overall: no advantage or disadvantage (no suitable data)

Evidence base and noteworthy aspects – research question 1

- No relevant studies were available.

- In the randomized, double-blind, multicentre studies SWIFT-1 and SWIFT-2, no appropriate individualized treatment was provided in the comparator arms.
- The use of the biologics listed among the treatment options for the comparator therapy (omalizumab, dupilumab, mepolizumab) was generally not permitted in either study.
- No separate analyses were available for patients who received the remaining treatment option of the comparator therapy (the only option without biologics: a combination of high-dose ICS, LABA and LAMA). Furthermore, due to the requirement in the studies SWIFT-1 and SWIFT-2 to continue prior treatment, only patients whose asthma was already inadequately controlled by precisely this combination of ICS, LABA and LAMA were eligible to receive this treatment.

Research question 2 of the benefit assessment

Population	Adults with severe asthma with type 2 inflammation who are inadequately controlled despite high-dose ICS and another controller
Intervention	depemokimab as an add-on maintenance treatment
Comparator	Individualized treatment from a choice of ▪ high-dose ICS and LABA and LAMA ▪ high-dose ICS and LABA and possibly LAMA and omalizumab ▪ high-dose ICS and LABA and possibly LAMA and mepolizumab or reslizumab or benralizumab or dupilumab
Outcomes	At least one patient-relevant outcome

Overview of positive and negative effects – research question 2

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

Overall: no advantage or disadvantage (no suitable data)

Evidence base and noteworthy aspects – research question 2

- No relevant studies were available.

- In the randomized, double-blind, multicentre studies SWIFT-1 and SWIFT-2, no appropriate individualized treatment was provided in the comparator arms.
- The use of the biologics listed among the treatment options for the comparator therapy (omalizumab, dupilumab, mepolizumab, reslizumab and benralizumab) was generally not permitted in either study.
- No separate analyses were available for patients who received the remaining treatment option of the comparator therapy (the only option without biologics: a combination of high-dose ICS, LABA and LAMA). Furthermore, due to the requirement in the studies SWIFT-1 and SWIFT-2 to continue prior treatment, only patients whose asthma was already inadequately controlled by precisely this combination of ICS, LABA and LAMA were eligible to receive this treatment.

References

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Gemeinsamer Bundesausschuss. Nutzenbewertungsverfahren zum Wirkstoff Depemokimab (Asthma bronchiale, ≥ 12 Jahre) [online]. 2026 [Accessed: 11.08.2026]. URL: https://www.g-ba.de/bewertungsverfahren/nutzenbewertung/1332/.

English translations for this project are published at https://www.iqwig.de/en/projects/a26-36.html.

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