



RECOMMENDATION ON INEBILIZUMAB IN THE TREATMENT OF NEUROMYELITIS OPTICA SPECTRUM DISORDERS (NMOSD)

At its meeting of 26 March 2026, the Council for Choices in Health Care in Finland (COHERE Finland) adopted a recommendation on inebilizumab in the treatment of neuromyelitis optica spectrum disorders (NMOSD).

Inebilizumab is not included in the national range of services for treating generalised neuromyelitis optica spectrum disorders (NMOSD) in adults who are anti-aquaporin 4 (AQP4) antibody-positive.

In COHERE Finland's view, the therapeutic value of inebilizumab compared to current treatment has not been demonstrated. The data provided by the marketing authorisation holder did not include any comparative data regarding pharmacotherapies used in the current Finnish clinical practice. The current clinical practice in Finland is to use rituximab, the benefit of which has been shown in comparative studies. Inebilizumab is a very expensive medicine. The reasons for the duration of inebilizumab treatment and the criteria for discontinuing treatment have not been adequately defined. No information is available on the cost-effectiveness of inebilizumab regarding Finland.

Inebilizumab is indicated for the treatment of adult patients with neuromyelitis optica spectrum disorders (NMOSD) who are anti-AQP4 antibody-positive. The evidence of the clinical efficacy and safety of inebilizumab in the recommended indication is based on a phase II/III randomised, double-blind, multicentre, placebo-controlled clinical trial.

In the marketing authorisation study, inebilizumab significantly reduced the risk of NMOSD attacks. Patients treated with inebilizumab experienced fewer attacks during the randomised controlled period compared with the placebo group. However, the placebo group did not receive any immunosuppressants during the study. The estimated proportion of inebilizumab-treated patients with no NMOSD attacks was 77% at year 4. In the study, one third of the patients treated with inebilizumab had not received any previous

maintenance therapy with immunosuppressants. The median duration of treatment among patients receiving inebilizumab was 1,178 days. Of all inebilizumab-treated patients, 92% experienced treatment-emergent adverse events of varying grade, while 24% of them experienced grade 3 to 4 adverse events and 20% of them severe adverse events. Treatment-related adverse events were reported by 40% of the patients receiving inebilizumab. As for specific concerns, the study reported eight cases of cytopenia in patients treated with inebilizumab (4.6%). In COHERE Finland's opinion, the study showed that the medicine reduces NMOSD attacks, but interpretation of the results is complicated by the fact that the reference group was not allowed to use any medication that could affect disease activity. The majority (70%) of the reference group were patients who had discontinued previous immunotherapy and were now receiving placebo.

Treatment with inebilizumab would require a regular dosing schedule to maintain its effect. Consequently, the costs of treatment continuing for many years could be considerably high. The annual costs of medication arising from standard treatment are moderate compared to the assessed treatment. The annual per-patient cost of inebilizumab treatment would be around EUR 105,000 at tax-free wholesale prices, excluding the first dose. After the first year of treatment, treating a limited patient population (1–5 patients) with inebilizumab would cost approximately EUR 0.1–0.52 million per year at public list prices. No information is available on the cost-effectiveness of inebilizumab in treating patients with NMOSD in Finland. Despite its high cost, treatment is used or is recommended for use in several European countries and Canada. In some countries, the authority responsible for evaluating the treatment has set a limited patient population or a reduced cost of treatment as a condition for the introduction of the treatment.

This is a summary of a recommendation adopted by the Council for Choices in Health Care in Finland (COHERE Finland). The actual recommendation and the related background material are available in Finnish on the website of COHERE Finland under [Valmiit suositukset](#).

The summary of the recommendation is also available in [Finnish](#) and [Swedish](#) on the website.

The Council for Choices in Health Care in Finland (COHERE Finland) is attached to the Ministry of Social Affairs and Health. Its mission is to issue recommendations on services that should be included in the range of public health services. Further information about service choices in healthcare is available [on the COHERE Finland website](#).