NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Ublituximab for treating relapsing–remitting multiple sclerosis ID6350

Draft scope

Draft remit/evaluation objective

To appraise the clinical and cost effectiveness of Ublituximab within its marketing authorisation for treating relapsing–remitting multiple sclerosis.

Background

Multiple sclerosis is a chronic, neurological condition which affects the brain, optic nerves, and spinal cord. It often results in progressive neurological impairment and severe disability. Multiple sclerosis has an unpredictable course which varies in severity and rate of progression. Symptoms can include pain, disturbance to muscle tone including weakness or spasticity, chronic fatigue, unsteady gait, speech problems, incontinence, visual disturbance, and cognitive impairment. Relapsing–remitting multiple sclerosis is the most common clinical form of multiple sclerosis. It is characterised by periods of remission (where people may have no symptoms, or they may be relatively stable) followed by relapses (which may or may not result in residual disability).

Over 130,000 people in the UK have multiple sclerosis, and about 7,000 people are diagnosed each year.[1] Multiple sclerosis is two to three times as common in females than males.[2] Approximately 85% of people are diagnosed with relapsing–remitting multiple sclerosis[3].

Current pharmacological management of multiple sclerosis includes disease-modifying agents to reduce the frequency and severity of relapses and the rate of disease progression.

NICE recommends the following treatment options for relapsing–remitting multiple sclerosis:

- diroximel fumarate for treating active relapsing-remitting multiple sclerosis that is not highly active or rapidly evolving severe multiple sclerosis (NICE TA794)
- ponesimod for treating active relapsing-remitting multiple sclerosis (NICE TA767)
- ofatumumab for treating active relapsing-remitting multiple sclerosis that is not highly active or rapidly evolving severe multiple sclerosis (NICE TA699)
- peginterferon beta-1a for treating relapsing-remitting multiple sclerosis (NICE TA624)
- cladribine tablets for treating highly active multiple sclerosis only for rapidly evolving severe relapsing–remitting disease or disease that has responded inadequately to treatment with disease-modifying therapy (NICE TA616).
- ocrelizumab for active relapsing–remitting multiple sclerosis only if alemtuzumab is contraindicated or otherwise unsuitable (NICE TA533)

- interferon beta-1a and glatiramer acetate for relapsing–remitting multiple sclerosis and interferon beta-1b for relapsing–remitting multiple sclerosis with 2 or more relapses within the last 2 years (NICE TA527)
- teriflunomide and dimethyl fumarate for active relapsing–remitting multiple sclerosis, only if people do not have highly active or rapidly evolving severe relapsing–remitting multiple sclerosis (NICE TA303 and TA320 respectively)
- alemtuzumab for active relapsing–remitting multiple sclerosis (NICE TA312)
- fingolimod for highly active relapsing–remitting multiple sclerosis in adults who have an unchanged or increased relapse rate or ongoing severe relapses compared with the previous year despite treatment with beta interferon (NICE TA254)
- natalizumab for rapidly evolving severe relapsing–remitting multiple sclerosis (NICE TA127)

The technology

Ublituximab (Brimuvi, TG Therapeutics) has a marketing authorisation in the UK for the treatment of adult patients with relapsing forms of multiple sclerosis (RMS) with active disease defined by clinical or imaging features.

Intervention(s)	Ublituximab

Population(s)	Adults with relapsing-remitting multiple sclerosis.

Subgroups	If the evidence allows, the following subgroup of people will be considered: • People who have an intolerance to first line treatment • People who have disease activity on first line treatment • People who have disease activity on second line treatment • People with active secondary progressive multiple sclerosis

Comparators	For people with active and highly active relapsing-remitting multiple sclerosis: • beta interferon • dimethyl fumarate • diroximel fumarate • glatiramer acetate • teriflunomide • ocrelizumab (only if alemtuzumab is contraindicated or otherwise unsuitable) • peginterferon beta-1a • ofatumumab • ponesimod • fingolimod (only if no improvement with beta interferon) • cladribine (subject to NICE evaluation) • natalizumab and Tyruko (subject to NICE evaluation) • optimised standard care with no disease -modifying treatment In addition, for people with rapidly evolving severe relapsing-remitting multiple sclerosis: • alemtuzumab • natalizumab • cladribine
Outcomes	The outcome measures to be considered include: • relapse rate • severity of relapse • disability (for example, expanded disability status scale [EDSS]) • disease progression • symptoms of multiple sclerosis (such as fatigue, cognition or visual disturbance) • freedom from disease activity (for example lesions on MRI scans) • mortality • adverse effects of treatment • health-related quality of life.

Economic analysis	The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year. If the technology is likely to provide similar or greater health benefits at similar or greater health benefits at similar or lower cost than technologies recommended in published NICE technology guidance for the same indication, a cost-comparison may be carried out. The reference case stipulates that the time horizon for estimating clinical and cost effectiveness should be sufficiently long to reflect any differences in costs or outcomes between the technologies being compared. Costs will be considered from an NHS and Personal Social Services perspective.
Other considerations	Guidance will only be issued in accordance with the marketing authorisation. Where the wording of the therapeutic indication does not include specific treatment combinations, guidance will be issued only in the context of the evidence that has underpinned the marketing authorisation granted by the regulator.
Related NICE recommendations	**Related technology appraisals:** Diroximel fumarate for treating relapsing-remitting multiple sclerosis (2022). NICE technology appraisals guidance 767. Ponesimod for treating relapsing multiple sclerosis (2022). NICE technology appraisals guidance 767. Ofatumumab for treating relapsing multiple sclerosis (2021). NICE technology appraisals guidance 699. Ozanimod for treating relapsing multiple sclerosis (2021). NICE technology appraisals guidance TA706. Peginterferon beta-1a for treating relapsing–remitting multiple sclerosis (2020). NICE technology appraisal guidance 624. Cladribine tablets for treating relapsing–remitting multiple sclerosis (2017). NICE technology appraisal guidance 616. Ocrelizumab for treating relapsing–remitting multiple sclerosis (2018). NICE technology appraisal guidance 533. Beta interferons and glatiramer acetate for treating multiple sclerosis (2018). NICE technology appraisal guidance 527. Dimethyl fumarate for treating relapsing-remitting multiple sclerosis (2014). NICE technology appraisal guidance 320. Alemtuzumab for treating relapsing–remitting multiple sclerosis (2014). NICE technology appraisal guidance 312. Teriflunomide for treating relapsing–remitting multiple sclerosis (2014). NICE technology appraisal guidance 303.

	Natalizumab for the treatment of adults with highly active relapsing–remitting multiple sclerosis (2007). NICE technology appraisal guidance 127. **Related technology appraisals in development:** Evobrutinib for treating relapsing multiple sclerosis [ID6313] Publication date to be confirmed Cladribine for treating relapsing multiple sclerosis [ID6263] Publication date to be confirmed **Related NICE guidelines:** Multiple sclerosis in adults: management. (2022) NICE guideline [NG220] **Related quality standards:** Multiple sclerosis (2016). NICE quality standard 108.
Related National Policy	NHS England (2019) Treatment Algorithm for Multiple Sclerosis: Disease-Modifying Therapies The NHS Long Term Plan (2019) NHS Long Term Plan NHS England (2018) NHS manual for prescribed specialist services (2018/2019)

Questions for consultation

Where do you consider ublituximab will fit into the existing care pathway for relapsing-remitting multiple sclerosis (see NHS England treatment algorithm)?

Would ublituximab be a candidate for managed access?

Do you consider that the use of ublituximab can result in any potential substantial health-related benefits that are unlikely to be included in the QALY calculation?

Please identify the nature of the data which you understand to be available to enable the committee to take account of these benefits.

NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that the proposed remit and scope may need changing in order to meet these aims. In particular, please tell us if the proposed remit and scope:

- could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which ublituximab is licensed;
- could lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population, e.g. by making it more difficult in practice for a specific group to access the technology;

- could have any adverse impact on people with a particular disability or disabilities.

Please tell us what evidence should be obtained to enable the committee to identify and consider such impacts.

NICE is considering evaluating this technology through its cost comparison evaluation process.
Please provide comments on the appropriateness of appraising this topic through this process.
(Information on NICE's health technology evaluation processes is available at https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-technology-appraisal-guidance/changes-to-health-technology-evaluation).

Technologies can be evaluated through the cost-comparison process if they are expected to provide similar or greater health benefits, at a similar or lower cost, compared with technologies that have been previously recommended (as an option) in published NICE guidance for the same indication. Companies can propose cost-comparison topics to NICE at any stage during topic selection and scoping. NICE will route technologies for evaluation through the cost-comparison process if it is agreed during scoping that the process is an appropriate route to establish the clinical and cost effectiveness of the technology.

NICE's health technology evaluations: the manual states the methods to be used where a cost comparison case is made.

- Is the technology likely to be similar in its clinical effectiveness and resource use to any of the comparators? Or in what way is it different to the comparators?
- Will the intervention be used in the same place in the treatment pathway as the comparator(s)? Have there been any major changes to the treatment pathway recently? If so, please describe.
- Will the intervention be used to treat the same population as the comparator(s)?
- Overall in the technology likely to offer similar or improved health benefits compared with the comparators?
- Would it be appropriate to use the cost-comparison methodology for this topic?

References

1. Multiple Sclerosis Society MS in the UK [accessed January 2024].

2. MS International Federation (2022) Who gets MS? [accessed January 2024].

3. Multiple Sclerosis Society (2019) Relapsing remitting MS (RRMS) [accessed January 2024].