

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Health Technology Evaluation

### Linvoseltamab for treating relapsed or refractory multiple myeloma after 3 or more treatments

#### Final scope

#### Remit/evaluation objective

To appraise the clinical and cost effectiveness of Linvoseltamab within its marketing authorisation for treating relapsed or refractory multiple myeloma after 3 treatments.

#### Background

Multiple myeloma is a form of cancer that arises from plasma cells (a type of white blood cell) in the bone marrow. Myeloma cells produce large quantities of an abnormal antibody, known as paraprotein. Unlike normal antibodies, paraprotein has no useful function and lacks the capacity to fight infection. Myeloma cells suppress the development of normal blood cells that are responsible for fighting infection (white blood cells), carrying oxygen around the body (red blood cells) and blood clotting (platelets). The term multiple myeloma refers to the presence of more than one site of affected bone at the time of diagnosis. People with multiple myeloma can experience bone pain, bone fractures, tiredness (due to anaemia), infections, hypercalcaemia (too much calcium in the blood) and kidney problems.

In 2023, 5,706 were diagnosed with multiple myeloma in England.<sup>1</sup> Five-year prevalence of multiple myeloma in the UK is 28 per 100,000.<sup>2</sup> It is most frequently diagnosed in older people, with 43% of new cases of multiple myeloma in England in people aged 75 years or older.<sup>3</sup> The estimated 5-year net survival rate from diagnosis for adults with multiple myeloma is 55.5% (2016-2020).<sup>4</sup> Multiple myeloma is more common in men than in women.<sup>4</sup> Incidence rates are reported to be lower in the Asian ethnic group, higher in the Black ethnic group, and similar in people of mixed or multiple ethnicity, compared with the White ethnic group, in England (2013-2017 data).<sup>5</sup>

The main aims of treatment are to prolong survival and maintain a good quality of life by controlling the condition and relieving symptoms. If the condition progresses after initial treatment, the choice of subsequent therapy is influenced by previous treatment and response to it, duration of remission, comorbidities and patient preference.

For people who have had at least 3 prior therapies:

- [NICE technology appraisal guidance 1114](#) recommends talquetamab as a treatment option for adults who have had 3 or more lines of treatment including an immunomodulatory drug, a proteasome inhibitor, and an anti-CD38 antibody, and the myeloma had progressed on the last treatment.
- [NICE technology appraisal guidance 1015](#) recommends teclistamab as a treatment option after at least 3 lines of treatment including an immunomodulator, a proteasome inhibitor and an anti-CD38 antibody, and the myeloma had progressed on the last treatment.

Final scope for the evaluation of Linvoseltamab for treating relapsed or refractory multiple myeloma after 3 or more treatments

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- [NICE technology appraisal guidance 870](#) recommends ixazomib citrate plus lenalidomide and dexamethasone as a treatment option for adults who have had 2 or 3 previous treatments.
- [NICE technology appraisal guidance 783](#) recommends daratumumab monotherapy for use as a treatment option for adults who have had 3 previous treatments including a proteasome inhibitor and an immunomodulator, and the myeloma has progressed on the last treatment.
- [NICE technology appraisal guidance 427](#) recommends pomalidomide plus low-dose dexamethasone as a treatment option for adults who have had at least 3 previous treatments including both lenalidomide and bortezomib.
- [NICE technology appraisal guidance 380](#) recommends panobinostat plus bortezomib and dexamethasone as a treatment option for adults who have had at least 2 prior treatments including bortezomib and an immunomodulatory agent.
- [NICE technology appraisal guidance 171](#) recommends lenalidomide plus dexamethasone as a treatment option for people who have had at least 2 prior treatments.

In addition, NICE recommends the following technologies within the Cancer Drugs Fund:

- isatuximab after at least 3 previous treatments including lenalidomide and a proteasome inhibitor and the myeloma had progressed on the last treatment ([NICE technology appraisal guidance 658](#), [NICE technology appraisal guidance ID4067](#)).
- elranatamab after 3 or more lines of treatment including an immunomodulatory drug, a proteasome inhibitor and an anti-CD38 antibody and the myeloma had progressed on the last treatment ([NICE technology appraisal guidance 1023](#), [NICE technology appraisal guidance ID6653](#)).

For people who have had at least 4 prior therapies:

- [NICE technology appraisal guidance 970](#) recommends selinexor plus dexamethasone as a treatment option for adults who have had at least 4 previous treatments including 2 proteasome inhibitors, 2 immunomodulatory agents and an anti-CD38 monoclonal antibody (penta-refractory), and the condition has progressed on the last treatment.

NICE also recommends talquetamab (TA1114), teclistamab monotherapy (TA1015), pomalidomide plus low-dose dexamethasone (TA427) and panobinostat plus bortezomib and dexamethasone (TA380) under routine commissioning, and elranatamab monotherapy within the Cancer Drugs Fund (TA1023).

## The technology

Linvoseltamab (Lynozytic, Regeneron Pharmaceuticals Inc) does not currently have a marketing authorisation in the UK for the treatment of relapsed or refractory multiple myeloma. It has been studied in a clinical trial as a monotherapy in adults with relapsed or refractory multiple myeloma that has progressed on or after at least 3 lines of therapy including lenalidomide and either a protease inhibitor or an anti-CD38 monoclonal antibody.

<b>Intervention(s)</b>	Linvoseltamab
<b>Population(s)</b>	Adults with relapsed or refractory multiple myeloma that has progressed on or after at least 3 lines of therapy including lenalidomide and either a protease inhibitor or an anti-CD38 monoclonal antibody.
<b>Subgroups</b>	<p>If the evidence allows the following subgroups will be considered:</p> <ul style="list-style-type: none"> <li>• Prior lines of treatment</li> </ul>
<b>Comparators</b>	<p>Depending on previous lines of treatment, comparators can include:</p> <ul style="list-style-type: none"> <li>• Talquetamab</li> <li>• Teclistamab</li> <li>• Selinexor plus dexamethasone</li> <li>• Ixazomib citrate plus lenalidomide and dexamethasone</li> <li>• Daratumumab monotherapy</li> <li>• Pomalidomide plus dexamethasone</li> <li>• Panobinostat with bortezomib and dexamethasone</li> <li>• Lenalidomide plus dexamethasone</li> <li>• Isatuximab plus pomalidomide and dexamethasone (subject to NICE evaluation)</li> <li>• Elranatamab (subject to NICE evaluation)</li> <li>• Teclistamab plus daratumumab (subject to NICE evaluation)</li> <li>• Ciltacabtagene autoleucel (subject to NICE evaluation)</li> <li>• Anitocabtagene autoleucel (subject to NICE evaluation)</li> <li>• Mezigdomide with dexamethasone and carfilzomib (subject to NICE evaluation)</li> </ul>

<b>Outcomes</b>	<p>The outcome measures to be considered include:</p> <ul style="list-style-type: none"> <li>• progression-free survival</li> <li>• overall survival</li> <li>• response rates</li> <li>• adverse effects of treatment</li> <li>• health-related quality of life</li> </ul>
<b>Economic analysis</b>	<p>The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year.</p> <p>If the technology is likely to provide similar or greater health benefits at similar or lower cost than technologies recommended in published NICE technology appraisal guidance for the same indication, a cost comparison may be carried out.</p> <p>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.</p> <p>Costs will be considered from an NHS and Personal Social Services perspective.</p> <p>The availability of any commercial arrangements for the intervention, comparator and subsequent treatment technologies will be taken into account.</p> <p>The availability and cost of biosimilar and generic products should be taken into account.</p>
<b>Other considerations</b>	<p>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.</p>
<b>Related NICE recommendations</b>	<p><b>Related technology appraisals:</b></p> <p><a href="#">Talquetamab for treating relapsed or refractory multiple myeloma after 3 treatments</a> (2025) NICE technology appraisal guidance 1114.</p> <p><a href="#">Elranatamab for treating relapsed and refractory multiple myeloma after 3 or more treatments</a> (2024) NICE technology appraisal guidance 1023.</p>

	<p><a href="#">Teclistamab for treating relapsed and refractory multiple myeloma after 3 or more treatments</a> (2024) NICE technology appraisal guidance 1015.</p> <p><a href="#">Selinexor with dexamethasone for treating relapsed or refractory multiple myeloma after 4 or more treatments</a> (2024) NICE technology appraisal guidance 970.</p> <p><a href="#">Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma</a> (2023) NICE technology appraisal guidance 870.</p> <p><a href="#">Daratumumab monotherapy for treating relapsed and refractory multiple myeloma</a> (2022) NICE technology appraisal guidance 783.</p> <p><a href="#">Isatuximab with pomalidomide and dexamethasone for treating relapsed and refractory multiple myeloma</a> NICE technology appraisal guidance 658.</p> <p><a href="#">Pomalidomide for multiple myeloma previously treated with lenalidomide and bortezomib</a> (2017) NICE technology appraisal guidance 427.</p> <p><a href="#">Panobinostat for treating multiple myeloma after at least 2 previous treatments</a> (2016) NICE technology appraisal guidance 380.</p> <p><a href="#">Lenalidomide for the treatment of multiple myeloma in people who have received at least 2 prior therapies</a> (2009, updated 2019) NICE technology appraisal guidance 171</p> <p><b>Related technology appraisals in development:</b></p> <p><a href="#">Isatuximab with pomalidomide and dexamethasone for treating relapsed and refractory multiple myeloma [review of TA658]</a> NICE technology appraisal guidance [ID4067]. Publication expected March 2026.</p> <p><a href="#">Elranatamab for treating relapsed and refractory multiple myeloma after 3 or more treatments (managed access review of TA1023)</a> NICE technology appraisal guidance [ID6653] Publication date to be confirmed.</p> <p><a href="#">Teclistamab with daratumumab for treating relapsed or refractory multiple myeloma after 1 or more therapies</a> NICE technology appraisal guidance [ID6201]. Publication expected July 2027.</p> <p><a href="#">Ciltacabtagene autoleucel for treating relapsed and lenalidomide-refractory multiple myeloma after 1 to 3 therapies</a> NICE technology appraisal guidance [ID4012]. Publication date to be confirmed.</p> <p><a href="#">Mezigdomide with dexamethasone and carfilzomib for treating relapsed or refractory multiple myeloma after at least</a></p>
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	<p><a href="#">1 line of treatment</a> NICE technology appraisal guidance [ID6513]. Publication date to be confirmed.</p> <p><a href="#">Anitocabtagene autoleucler for treating relapsed or refractory multiple myeloma</a> NICE technology appraisal guidance [ID6549]. Publication date to be confirmed.</p> <p><b>Related NICE guidelines:</b></p> <p><a href="#">Myeloma: diagnosis and management</a> NICE guideline NG35.</p> <p><b>Related quality standards:</b></p> <p><a href="#">Haematological cancers</a> (2017) NICE quality standard 150.</p>
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## References

1. NHS Digital (2025) [Cancer Registration Statistics, England, 2023](#). Accessed May 2026.
2. United Kingdom Fact sheet. [International Agency for Research on Cancer](#). Accessed May 2026.
3. Cancer Research UK. [Myeloma incidence statistics](#). Accessed May 2026
4. NHS Digital (2023) [Cancer Survival in England, cancers diagnosed 2016 to 2020, followed up to 2021](#). Accessed May 2026.
5. Cancer Research UK. [Myeloma statistics](#). Accessed May 2026.